MARYLAND	STATE	DEPARTMEN	OF HEALTH
ON OF STATISTICAL	DECEADON	AND PECOPDS	PAITIMADE 1 MADY

DIVISION STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		135	2	CERTIF	ICAT	E OF DEATH	1		01	336	
1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	/here deceased	l lived. If institution	on: Residence l	pefore odm	ission)
	A	llegany		MARY	LAND	Marylar	nd	D. 0001111	Alles	anv	
	b. CITY OR TOWN (If or RURAL and give near	utside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL ond give	nearest to	wn)
	Cumberlan	nd		Life		Cumberlan	nd				
	d. NAME OF HOSPITAL OR INSTITUTION		give street o	address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
L	Sacred	Heart Ho	spita	1		130 Hanc	ver St				□ NO T
3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Man	th	Doy	Year
	DECEASED (Type or print)	F7 n	ייבו	1		Becker	OF DEATH	Fe	h	28	1967
3.	SEX 6	. COLOR OR RACE	-	IED NEVER MARRI	ED T B.	DECKEL!		9. AGE (In years	IF UNDER 1 Y		
1)	771	22. 1.1	WIDOWE			Town Lab	3004	last birthday)	Months Da	ys Hour	s Min.
10	Female USUAL OCCUPATION	White				RY 11. BIRTHPLACE (Stone	1884]	- 10	12 CITIZEN	OF WHAT	COUNTRY
	during most af warking	g life, even if retired)		1140031	KI III. DIKITI DICE (Jidi	a or loreign co	,,,,,	12.0.122		
-		usewife		Own home			[arylan	d	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Wi	lliam Hol	lande	rherger		Mary	Barret	t			
15.	WAS DECEASED EVER II	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INF	ORMANT		Add	ress		
,	No	yes, g. 10 mai on oches or .		None		Husban	d Casp	er Becker	r Same	Addr	'ess
	18. CAUSE OF DEATH	Enter anly one co	use per lin		1					INTERVAL	BETWEEN
	PART I. DEATH	WAS CAUSED BY:	- (Canebral	- Vo	seeder 1	Draid	c-1		ONSET AN	D DEATH
	521	MMEDIATE CAUSE (-	- Ca					
	201	DUE TO	,	71.	- 0						
	Conditions, if any, gave rise to imm)	record	zete	roces					
	cause (o), stoting the										
	lying couse last.) (:)(:								
CATION	PART II. OTHER	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	EN IN PART 1	o) 19. WA	S AUTOPSY FORMED?
3		Osters	with	Ais] NO []
CERTIFI	20a. ACCIDENT WAS	UNDERLYING -	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Part	I II of item 18.)			
CER	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	EDICAL EXAMINER)							,		
18	20c. TIME OF INJURY	Month, Day, Ye	ar 20d, 1N	NJURY OCCURRED	20e. PLAC	CE OF INJURY (Hame, far	m, 20f. (City	or town)	(Cau	nty)	(Stote
MEDICA	Hour a.m.	19	While	Not while	facto	ory, street, office bldg., et	tc.)				
2	p. m.		at work	at wark		761	<u>,i</u>	310	//		
	21. I certify that	(I) (this hospita) altend	,		176	9.6/ta	728			(we) las
	saw the deceased	d alive on	128	196/, and	that de	eath accurred a 3:1	J.M. Fram	the causes an	d an the d	ate state	ed abave
	22o. SIGNATURE		/			ATTEN IDING					22b. DATE
	Dr.	L.H. Ley.			М	.D. ATTENDING PHYS.	MED.	PHYS.		3,	17/6/
	22c. PHYSICIAN'S NAME (Type)	PI	1	50		22d. ADDRESS				1	1
	TAME (Type)	Ses X	Sey	In. my	5	436 N.	. Con	re or.			
23	BURIAL, CREMATION,	23b. DATE THERE	SF /	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCAT	ION (City, tawn,	or county)	(S	lote)
	REMOVAL (Specify) Burial	3/3/67				_				10	
24	FUNERAL DIRECTOR'S	SIGNATURE		Hillcrest	Dur		מונה) m C'D BY REGIST	berland,	STRAR'S SIGNA	ATURE	
1.7	Byron		Cian	berland, I	. blv						
				1	-0.0	DATE	16 '61	Out	un & Kra	un	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01337

		LACE OF DEATH	Allegany			MARYLAND	o. STATE	Vland	e deceased	lived. If institution b. COUNTY	an: Residen	e befor	e admissi	an)
	Ь	CITY OR TOWN RURAL ond give r	(If autside carporate linearest town)	nits, write	c. LENGTH O	F STAY IN 1b	c. CITY OR T		side corpor	ote limits, write R	URAL ond	give nea	rest town)
	C	OR INSTITUTION	Miners				d. STREET A							IDENCE FARM? NO
	0	NAME OF DECEASED	1	irst	e Was	Middle	Last		4. DATE OF DEATH	Mon		Da		reor
		Type ar print)	GER TRUD	-	AN		ERIDGE_		-		961 IF UNDER	1 VEAP		9 24 HPS
	S. S	Female	6. COLOR OR RACI	WIDOWE	D DI	VORCED	B. DATE OF BIRTH	- 10 10	882	9. AGE (In years last birthdoy) 78 yrs.	Manths	Days	Haurs	Min.
	10a.	USUAL OCCUPATI	ON (Give kind of wor	done 10b.	KIND OF BUSII	NESS OR INDU	STRY 11. BIRTHPL				12. CIT	ZEN OF	WHATC	OUNTRY
	13. 1		sewife	ed)			14. MOTHER'S	rosto MAIDEN NA		MD.	U	.s.	A	
			Canros S	homb	ert.		Ca	theri	ne E	berley				
	15.	WAS DECEASED EV	George Se	RCES? 16. 5	SOCIAL SECUR	ITY NO. 17. II	NFORMANT	Will be		Add	ress		-	
Ē	(Tes,	, no, or unknown)	(If yes, give wor or dates o		one		Vrs. Rol	bert	Sevb	ert. Pi	ttsb	urg	h.	PA.
			ATH [Enter only one ATH WAS CAUSED BY IMMEDIATE CAUSE DUE 1	(a) M	e for (o), (b), c	and (c).]	(Sis	ter)	Crus	Hear	t Olive		RVÁL BET ET AND 2000	
		gove rise ta couse (a), stating lying cause lost	the <u>under-</u> DUE 1	(c)			0	1					J	rer,
	CATION	PART II. OT	THER SIGNIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THETERMIN	IAL DISEASI	CONDITION GIV	/EN IN PAR	T 1(o) 1	PERFO	RMED?
3	CERTIFI	OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEAT Y MEDICAL EXAMINER	H	CRIBE HOW IN	JURY OCCURRE	D. (Enter nature a	f injury in Pa	irt I ar Part	II af item 1B.)				
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	10	While	NJURY OCCURE Not white at work	fo	ACE OF INJURY (I ctary, street, affice	Home, form, bldg., etc.)	20f. (City	ar tawn)	(Caunty)		(Stote
		21. I certify th	at (I) (this haspit	al) attend	A		death accurred	-	M, fram	1	19_ nd an th		stated	abave
)		220. SIGNATURE	turno	Re/E	En hel	0	M.D. ATTENDING	DIRE	ECTOR	STAFF PHYS.	3		2/1	SIGNED
		22c. PHYSICIAN'S NAME (Type)	V M. ROT	HSTE	in	y.D.	22d. ADDRE	ESS BROAL	DUIA	4-FRO	57B 0	160	8-1	4D.
		REMOVAL (Specify	2/13/	1961	Memor	cial P.	or CREMATORY		Fro	rion (City, town,	MD		(State	e)
2	24.	FUNERAL DIRECTO	R'S SIGNATURE	N IC	ADDRESS		m.	2So. RECTO	REGIST	25b. REG	ISTRAR'S SI	GNATUI	nud.	

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M	ARYLAND	STATE	DEP	ARTMEN	IT OI	HE	ALTH	
DIVISION C	F STATISTICAL	RESEARCH	AND	RECORDS —	- BALTI	MORE	1, MARYI	AND

1354

CERTIFICATE OF DEATH

01338

	PLACE OF DEATH				_	USUAL RESIDENCE (W. o. STATE	/here decease	d lived. If instituti	an: Residence befo	ore admission)
		Allegany		MARYLAN	D	Mary.	land	b. COUNTY	Alle	gany
	b. CITY OR TOWN (I RURAL and give n	If autside carporate limi	ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	outside carpo	rote limits, write R	URAL and give ne	earest town)
		erland		10/15/57		X Mt.	Savage			
		AL (If not in hospital, g	ive street or	ddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
L	A	llegany C	ount	y Infirmar	У	1				YES NO
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Man		ay Year
1	(Type or print)	Sarah	1	Isabelle		Blucker	DEATH	I ODI da.		, 1961
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years last birthday)	Months Days	Hours Min.
1	Female	White	WIDOWED	DIVORCED [1 6	/1/1881		79 yrs.	Monnis Days	Hours Min.
	during most of wor	king life, even it refired	dane 10b. K	IND OF BUSINESS OR IN		near Well	nsylv	urgn,	12. CITIZEN O	F WHAT COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME			
		James Ya	ntz			Susan	Thorp	0		
		R IN U. S. ARMED FOR		OCIAL SECURITY NO. 1	7. INFO	MANT P.O.B	ox 59	9 Add	ress Cumbe	rland, Me
1,,,	No	in yes, give war or acres or s	ar vice;	None	All	gany Cou	inty I	nfirmar		
F		ATH Enter anly ane co	use per line			c /	/		INI	TERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	-	perelira	e	Helles	refo	4/2	ON	SET AND DEATH
	Con Division 16	DUE TO	1	sorelis a	1	Astin	11001	Horrs		>
	Conditions, if a gove rise to i	mmediate	4	2 - Cuca		acpe	Cool	0	-	1
	couse (a), stating lying cause lost.	the <u>under-</u> DUE TO	Ct	ronic	77	yrcert	real.	Seque	walker.	x ?
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	CLC	DISTRIBUTING TO DEATH	BUTNO	ELLECTED TO THE TERM	MINAL DISEAS	E CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 1
	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCU	RRED. (inter nature of injury in	Port I ar Por	t II of item 18.)		
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Day, Yes	or 20d. IN. While at wark	Nat while		OF INJURY (Hame, far , street, office bldg., et		ar tawn)	(County) (State)
	21 I certify the	at (I) (this hospital	\ attende	ed the deceased fro	_m 1	0/15/57	o to	2/21/61	10 t	hat (I) (we) last
		sed alive on 2/	21/61	19 @7	55	P.M.				e stated above.
	220. SIGNATURE	sed drive on Egg.		E / unar ine	n -ded	in occorred di		me couses or	id an the dan	22b. DATE
					M.D	ATTENDING PHYS.	MED.	STAFF PHYS. T	2	122 /47
	22c. PHYSICIAN'S				741.6	22d. ADDRESS	DIRECTOR (A)	11113.		55/61
	NAME (Type)	Dr. Ja	mes I	E. McLean		49 Gre	ene S	t., Cum	berland	l, Md.
230	BURIAL, CREMATIC REMOVAL (Specify		DF I O	23c. NAME OF CEMETER 61 Metho				TION (City, town,	70.00.79	(State)
24	urial FUNERAL DIRECTOR		ت ال و الت	ADDRESS	ة ملد ناما في	25- 250	CO BY DECIS	TOAD OCL DECL	*	JRE.
1	facocy &	Leigher	/ Hy	ndman, Pa.		DATE	EB 27	61 0	STRAR'S SIGNATI	MA
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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe-	ate the continuote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	prworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your file	FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registron was ta burial, cremation,
17	0	S C	RA
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5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is neces	ar.		TO FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registran part to the	
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		MARY	LAN	D STA	TE DEPAR	TME	NT OF F	EALT	H-BAL	TIMORE, 1	18			
		1355 ^M	EDIC	CALE	XAMIN	ER'S	CERTI	FICAT	TE OF	DEATH	Reg. [oist. No)13	39
	LACE OF DEATH							IDENCE (W	/here deceas	ed lived. If institut		lence bel	ore admi	ission)
/	A.	llegany		100	MARY	LAND	o. STATE	Mary!	land	b. COUNTY	A11	ega	ny	
Ь	. CITY OR TOWN (#	outside corporate limits, w	rite RURAL	c. Ll	ENGTH OF STAY	IN 16	c. CITY OF	TOWN (IF	outside corp	orote limits, write	RURAL on	d give n	earest to	wn)
5	. 7	ast Oldt	own.	,Md.	15 yr	rs.	0.3	Cumbe	erlan	d				
5		ast Oldt			NO THE OF	s)	d. STREET ADDRESS 124 S. Mechanic St. o. IS RESIDION A FA					A FARM?		
3. 1	NAME OF DECEASED	1	irst		Middle		Las		4. DATE	Month		Day	Y	ear
	Type or print)	Haz	el		May		Cage	0.00	DEATH	Feb		21	. 1	961
S. S	EX	6. COLOR OR RAC	E 7. M	ARRIED 🖺	NEVER MARRIED	8.	DATE OF BIRTH	1		9. AGE (In years	IF UNDER		IF UND	ER 24 HRS.
Fe	emale	White	WIDO	OWED 🔲	DIVORCED		Sept.2	4.19	27	Jast birthday) 33 yrs.	Months	Days	Hours	Min.
		ON (Give kind of wor	k done 1	Ob. KIND C	OF BUSINESS OR					ountry)	12. CI1	IZEN O	F WHAT	COUNTRY?
F	Housewif	ig lire, even ir retired	"		Home				d. Md			U	SA	
	FATHER'S NAME						14. MOTHER'S							
	John Alb	ert Bowm	an				Eth	el L	. Bow	ser				
15.	WAS DECEASED EV	ER IN U. S. ARMED F	ORCES?	16. SOCIA	L SECURITY NO.	17. IN				Address	-			
į res.	no, or unknown	(If yes, give war or dates	or service)	218-	38-9468	8 M	r. Joh	n A.	Bowm	an, Oakl	and.	Md		
		TH [Enter only one c	ause per										VAL BETWE	EN
	PART I. DEA	TH WAS CAUSED BY		A	SPHYXIA	TIC	N							rs.
	019	DUE TO								07-07-63	35		- 12 1	11 0 0
	Conditions, if o	-	(b)	C	ARBON N	MONO	XIDE I	POTSO	NTNG					12-55
	gove rise to imme	diote couse					3144727	02.0	7212210					
	(o), stoting the couse lost.	underlying	(c)											
Z	PART II, OTH	HER SIGNIFICANT CO	NOITION	S CONTRIB	UTING TO DEATH	H BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PAI	RT 1(o) 1		
ATIC													PERFO	RMED?
TIFIC	200. EXTERNAL CAL	JSE WAS	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (Er	iter noture of in	jury in Port	I or Port II	of item 18.)	- 18			
CER	PRIMARY Or COL CAUSE OF DEATH.	MIKIBUTING L												
3	20c. TIME OF INJU	RY Month, Day, Y	'ear 2	20d. INJURY	OCCURRED 20	De. PLAC	E OF INJURY	Home, form	, 20f. (City	or town)	(Co	unty)		(Stote)
MEDICAL CERTIFICATION	Hour g. m. p. m.		9 0	While of work	Not while at work		ry, street, office							
	21. I certify the	nat I taak charg	ge of t		00.40		e, held an	Autaps	/ 🔼 , Ir	spection 2,	Inqui	гу 🔼	, and	find that
	death resulted	from: Natura	I cause	es g.	Accident 🔼,	Suic	ide 🔲, H	lomicide	, Ur	determined co	ouse [].		
		,	1	Yn:	- 1	,							DATE S	ICHED
	ACTUAL SIGNATURE	enedic	L ×	OK16	arelic	/	M.D. CHIEF A	AEDICAL EX	AMINER				DAIES	HORED
80	EXAMINER'S		01			-	ASSISTA	NT MEDICA	AL EXAMINE					
	NAME (Type)	Benedict						MEDICAL E	EXAMINER [Febru	lary	22	, 19	961
220.	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THER			NAME OF CEMETE				6.2	ION (City, town, o			(Stote	e)
_	Burial	Z-ZD-I	961		yervil	le (Cemete	ry	Near	0aklan				
23.	FUNERAL DIRECTOR	'S SIGNATURE			ADDRESS		-5	mb m	BY REGIST	2.4			-	
Ja	ames F.	Scarpell.	i, (Cumbe	rland.	Md		DATE	EB 2 4 '6	- Car	thun &	. The	14	

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s executed within 24 hours ofter deoth. If ony deloy is necessory, please exerin Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be with form PM3. Page 5 may be retained for your filters of the pages 1 and 2 with the registrar power to burial, cremation, or removol.

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			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-
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135	6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8

	1.	356 M	EDIC	AL EXAM	NER'S	CERTI	FICA1	E OF	DEATH	Reg. D	st. No	01	340
1.	PLACE OF DEATH	LLEGANY		M	ARYLAND		SIDENCE (W		sed lived. If institution b. COUNT	ution: Reside		ore adm	
	b. CITY OR TOWN (If	outside corporate limits, w	ite RURAL	c. LENGTH OF S	TAY IN 16	c. CITY O	R TOWN (IF	outside cor	porote limits, write	RURAL and	give no	earest to	wn)
	CUMBER			18 year	cs		Cumbe:	rland		2			
	d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in	hospital, give street oc		d. STREET				1		e. IS R	ESIDENCE
	DOA	SACRED HE	ART I	HOSPITAL		18 S.	PAW	PAW W	AY				A FARM?
3.	NAME OF DECEASED	F	irst	Middl	•	Los		4. DATE OF	Mont	h	Day	Y	ear
	(Type or print)	FLOYD		R. K	CARRO	LL	. 17-5	DEATH	Feb.	1	2	1	9 61
5.	SEX	6. COLOR OR RACE	7. MA	RRIED KNEVER MAI	RIED 8	DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER	-		ER 24 HRS.
	MALE	WHITE	WIDO	WED DIVOR	ED 🔲	AUG. 26.	1913		47 yrs.	Months	Days	Hours	Min.
100	during most of working	ON (Give kind of worl	done 10	b. KIND OF BUSINESS	OR INDUST			or foreign	country)	12. CITI	ZEN OF	WHAT	COUNTRY?
	Truck Dr			onstruction	ı	Vi	rgini	a			USA		
13.	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Jacob	Carroll				C	ora J	ackson	n				
15	. WAS DECEASED EVE	R IN U. S. ARMED F		16. SOCIAL SECURITY	NO. 17. IN	FORMANT	6		Address				
(10	No	fit Jan' Bing mot ot octas o	' '	230 05 9441		Mrs. He	len L	ease (Carroll	Cumbe:	rlar	nd. I	Id.
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ine for (o), (b), and (c)				-			INTER	VAL BETWE	EN
	PART I. DEAT	H WAS CAUSED BY:		CORONARY	OCCLUS	TON					-	AND DEA	ATH
	4)	O DUE TO		NO ALCANDA	JOURNE	HLOW					SUL	DDEN	
	Conditions, if or			CODOMADY	ear m	OCTO IT	mir mir	normo.	ОТО				
	gove rise to immed	liote cause		CORONARY	SULPH	NO IS MI	TH TH	ROMBO	515				
	(c), stoting the underlying DUE TO												
z				CONTRIBUTING TO D	FATH BUT N	OT RELATED TO	THE TERMI	NAI DISEAS	E CONDITION GIV	FN IN PART	1/01/19	WAS	ALITOPSV
1110						01 112 112 10	THE TERM	TAL DISCAS	E COMBINION ON	EN IN IAK		PERFO	RMED?
FIC	20g. EXTERNAL CAU	SE WAS	nh nesc	PIRE HOW INTILIPY OF	CIIODED /E	ates annual of i	ion in Dead	1 0 11	6 11 101		Y	ES 🗍	NO P
ERT	PRIMARY OF CON		. DE 3C	RIBE HOW INJURY OC	CORRED. (EI	nier nature of it	njury in Port	I or Port II	of item 18.)				
AL C	20c, TIME OF INJUR	Y Month, Day, Ye	20	d. INJURY OCCURRED	20- 0146	C OF INITION /	11 6	005 (01)					
MEDICAL CERTIFICATION	Hour a.m.	19	W	hile Not while work of work	facto	E OF INJURY (ry, street, office	bldg., etc.)	201. (Cit)	or town)	(Cou	ntyj		(Stote)
-		at I taak chara		e remains descri		e held an	Autono		nspectian Y	Inquie	. 🕞		C - d Ab - A
				-				Annual .		_	y LXI,	ana	find that
	dealli resolled	death resulted fram: Natural causes [, Accident], Suicide], Hamicide], Undetermined cause].											
	SIGNATURE Demodiat Seitarelia An CHIEF MEDICAL EXAMINER									DATE S	IGNED		
	SIGNATURE	June (1)	CL >	skuares	(e)	_m.b.							
	EXAMINER'S NAME (Type) B	ENEDICT SK	TTARI	ELIC. M.D	100		MEDICAL E			IADV Z	4 7		063
220	BURIAL CREMATION			22c. NAME OF CE	AETERY OR				TION (City, lawn,	ARY &	A L	(Stote	961
	REMOVAL (Specify) Burial	Feb. 15.	1961	Sunset M						Id.		101016	
23.	FUNERAL DIRECTOR			ADDRESS		T TOTA	24a. REC'D	BY REGIST		STRAR'S SIG	NATUR	E	
	Byron 1	Kight	Cum	berland, M	1.			1 6 '6'		hur & 1			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01341

1	1. PLACE OF DEATH a. COUNTY	1007	TO PAST LA FOREST	2. USUAL RESIDEN	CE (Where deceased li	ved. If institution	n: Residence befo	ore admission)	
1		LEGANY	MARYLAND	0.01.112	MARYT.ANT		ATJEY	JANY	
	b. CITY OR TOWN (II	outside corporate limits, write	c. LENGTH OF STAY IN 16						
	RURAL ond give ne	ERLAND		CTIMBI	ERLAND				
	d. NAME OF HOSPIT	AL (If not in hospital, give street	l oddress)	d. STREET ADDI				e. IS RESIDENCE	
	OR INSTITUTION	A ODER		1 (07	OSET TANK ARE	,		ON A FARM?	
			OSPITAL.		SYLVAN AVI				
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Monti	h D	ay Year	
ı	(Type or print)	EDWARI			DEATH	FEBR		1961	
	S. SEX	6. COLOR OR RACE 7. MAR	RIED MEVER MARRIED	B. DATE OF BIRTH		AGE (In years last birthday)	Months Doys	R IF UNDER 24 HRS. Hours Min.	
	MALE	WHITE WIDOW	VED DIVORCED	July 27	1876	8 4 yrs.	Doy's	77111.	
			KIND OF BUSINESS OR INDU	STRY TT BIRTHPLACE	(State or foreign coun	try)	12. CITIZEN O	F WHAT COUNTRY?	
		ing life, even if retired)	und Brewing (70	MARYLAND		U.S.	A'	
	13. FATHER'S NAME	1	()	14. MOTHER'S MA		4			
1				Dhia in		-1-1			
	16 WAS DECEASED EVE	PETER COSC	SPOVE	NFORMANT	nuc ji	Addre	10.0		
	(Yes, no. or unknown)	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II			-			
	no		11000	OLD CHART					
		TH [Enter only one cause per l	ine for (o), (b), and (c).]		1		INI	ERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Rulm	overy.	edema				
	100	DUE TO		0	1/-	1			
	Canditions, if o	ny, which)	Course	time her	ut bel	410			
	gove rise to in	m mediote (0 1	111 -	a			
	couse (a), stating lying couse last.	ine <u>under-</u>	Muse	redeal.	Marcarc	lion			
		(c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO TH	E TEDMANAL DISEASE	ONDITION GIVE	N IN PART I/a)	19 WAS ALITOPSY	
	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBOTING TO DEATH BOT	NOT KEDATED TO TH	E TERMINAL DISEASE C	ONDITION ON	.14 114 (AKI 1(0)	PERFORMED?	
	-	- I				6 11 10 1		YES NO	
	OR CONTRIBUTING	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture at in	jury in Port I ar Part II	at item 18.)			
		MEDICAL EXAMINER)							
	20c. TIME OF INJUR		I.	ACE OF INJURY (Homotory, street, office blo	ne, farm, 20f. (City ar	town)	(County) (Stote)	
	20c. TIME OF INJUR Hour o. m. p. m.	19 While of we	e Not while	ciory, sireer, dirice bit	og., e.c.,				
		4 (IV (Alich	ded the decreed from		10 4-		10 4	h = 4 (1) (
			ided the deceased fram						
	saw the deceas	sed alive an	19 and that o	death accurred a	itM, fram th	e causes and	d an the dat	e stated above. 22b.DATE	
	220. SIGNATURE	1.100	VH-N. Y	ATTENDING _	_ MED	STAFF		SIGNED	
		Walle	"Il /final	D. PHYS.	DIRECTOR	PHYS.			
	22c. PHYSICIAN'S NAME (Type)			220 ADDRESS	0.0.	0)	no		
		DR	W. HIMMLER	un	weren.		$\eta \alpha$		
	23a BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATIO	N (City, tawn, a	r county)	(State)	
	REMOVAL (Specify)	2/18/6/	Sunsey m	semo Ph	. Cum	berla	-l	ma.	
	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25	a. REC'D BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNATI	JRE	
N	Lasin	Atom On	a Cumb.	m ()	ATE FEB 2 0 '6'		Thur & the		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retain by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in been enforced for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 mould be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

CATALANT DESCRIPTION OF THE STATE OF THE STA 18549 A STATE OF THE STA The test of the second of the

funeral requires that the death certificate be executed within 24 hours after event, within 72 hours completely carbon papers. affending physician and please remove any Then removal death. Page may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the permit. burial, cremation, 3 should be detached for use as the burial-transit PHYSICIAN: prior State Dept. of Health ATTENDING OR director, page 3 : be filed with the TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	C	E	RT	IF	CA	TE	0	F D	EA	TH	

01349

	3 939313					. 0-0-4
1. PLACE OF DEATH				CE (Where dece	esed lived, If institution b. COUNTY	: Residence befora edmission)
ALLEGANY		MARYLAND	* STATE MARYLAN	D		LLEGANY
	foutside corporete limits, giva nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore	ete limits, write RURAL a	and give neerest town)
CUMBER	RLAND	I HR.46 MIN	CRESAPT	OWN		
d. NAME OF HOSPIT ME MOR ME MOR	TAL HOSPITAL POST IN HOLAN	respitel, give street eddress)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Day Year
(Type or print)			CUTCHALL	DEATH	FEBRUARY	2 1961
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED X	B. DATE OF BIRTH	9.	AGE (In years IF UNDE	
MALE	WHITE WIDOW		FEBRUARY 2,	1961	lest birthdey) Months	Deys Hours 46
10a. USUAL OCCUPATI	ON (Give kind of work 10b. rking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or for	reign country) 12. C	CITIZEN OF WHAT COUNTRY?
			CUMBERLA	ND MARY	YLAND	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
WA	LTER CUTCHALL,	JR.	SHIRLEY	A. KIRI	K	
	ER IN U.S. ARMED FORCES? 16 fyes give wer or detes of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(100) NO, OI WINOWII)	, you get a well of delessors of vice y		MEMORIAL HO	SPITAL	CUMBERLA	NO MO.
18. CAUSE OF D	EATH [Enter only one cause per	line for (e) (b), end (c).]	AA	751 11AL	4	INTERVAL BETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	(Vovia	Ale un	male	week	ONSET AND DEATH
73/3	4	9 000 000	7			
Conditions if any	DUE TO					
Conditions, if eny geve rise to immedi-	1 1 1					
(e), steting the un	DIJE TO					
ceuse lest.) (c)					
Z PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER						YES NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)						
	MEDICAL EXAMINER)			0.01 (0)	100	(5.1.)
20c. TIME OF INJURY Month, Day, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) tectory, street, office bldg., etc.)						ounty) (Stete)
21. I certify t	hat (I) (this hospital) atter	nded the deceased from	2 Feb	19.6/ to.	LFOB 1	94/., that (I) (we) last
		B 1961, and the)AM, from	the causes and on	the date stated above.
22e. SIGNATURE	000/	7				22b. DATE
Los	land 15/C	auson	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S NAME (Type)	151115	10.011	22d. ADDRESS			ATTENDED TO
1170112 (1990)	LELAND B. RAI	NSOM	63 GRE	ENE ST.	, CUMBERLAN	D, MD.
23a. BURIAL, CREMATI-		23c. NAME OF CEMETERY	4 /		TON (City, town or cou	

VR A15 (4)

15M 9/60

3

remation

24 FUNERAL DIRECTOR'S SIGNATURE

Hespital

Memorial

ADDRESS

256. REGISTRAR'S SIGNATURE

arthur S. House

maryland

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MALE CONTRACTOR OF THE PROPERTY OF THE PROPERT

-- XAIR ... VELSIA

ACHORIAL MASSITAL CONTRESLAND, AD.

MORTAN A DEATH

WITTER COTTINUES. 20.

SO COLUMN ST. CONCERNADO ES

THE PERSON NAMED IN STREET, SALES

FOR STATE HEALTH DEPT.

director. Page ror your files. is necessary, of Health, TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any debre is a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundative 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you to removal, the state formal bases as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 359

1.	PLACE OF DEATH e. COUNTY			E (Where deceased lived,		ce before edmission)		
	Allegany	MARYLAND	e. STATE	b. CO				
	b. CITY OR TOWN (if outside corporele limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	Man y Taniu Allegally					
	Frestburg		Lonaco	ning		1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
	Miners Hospital		Church	Street		YES NO		
3.	NAME OF First	Middle	Lasi	4. DATE Mor	nth Dey	Yeer		
	(Type or print) WELL VIN	CITTUDE	ERTSON	DEATH 9/5/	1961	19		
5.		RRIED NEVER MARRIED 8	DATE OF BIRTH		rs IF UNDER 1 YEAR	IF UNDER 24 HRS.		
M	ale White WIDG		5/30/1913	lest birthdey 47 yrs.	Months Deys	Hours Min.		
	. USUAL OCCUPATION (Give kind of work	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?		
00	ne during most of working life, even if retired) Retired		Tonocomin		TT C			
13.	FATHER'S NAME		Lonaconin		U.S	•A•		
1								
1	David Cuthbertser		Nellie T					
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	ss			
	No	216-05-2953	Mrs. Berna	dine Cuthhe	ortson (Wife)		
	18. CAUSE OF DEATH [Enter only one cause p	er line for (e), (b), end (c).]	Lonaconin	The same of the sa	INI	TERVAL BEJWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	(As Anies	The state	2/1/1/10	3	SET AND PEATH		
	1 1	1	0700	LA COLOR				
	DUE TO	Yours	Vellosa	110	1	wille		
	Conditions, if eny, which (b)	ronung	Account-			que		
	(e), steting the underlying DUE TO							
	cause lest. (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED2		
3						YES NO		
RTIFI	2De. EXTERNAL CAUSE WAS 2Db. DE:	SCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Pert	l or Pert II of item 18.)				
	CAUSE OF DEATH.							
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20		CE OF INJURY (Home, ferm,		(County)	(Slete)		
ED	100	hile Not While fector	ory, street, office bldg., etc.)					
1	p.m. (7)		ld an Autonou 🗔	annualian XY				
12	21. I certify that I took charge of the	6 -		nspection Inqu		in my opinion		
	death resulted from: Natural causes	Accident , Suici	de, Homicide	, Undetermined	manner			
	1 A A Smil	P	CHIEF MEDICAL E	CAMINER				
	ACTUAL SIGNATURE	Lane	ASSISTANT MEDI	CAL EXAMINER	40 E	ATE SIGNED		
	1 1 6	0	DEPUTY MEDICAL	EXAMINER V	Leky,	ot 1		
-	EXAMINER'S NAME (Type)	June MIK	70-1	ty, town, or county)	-00//	961		
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow	n, or country)	(Stete)		
B	uried 2/8/1961	Oak Hill Ce	metery	Lonaconing	, MD.			
23	SUNERAL DIRECTOR	DDRESS	24e. REC'	D BY REGISTRAR 246. RE	GISTRAR'S SIGNAT	URE		
1	Gerala Colole & de	Toursone	W TEND	0 101	-1 0 4			
	no ye cuppor	10 march	- HOATELB	9 '61 0	other S. Krau	4		

THE REPORT OF THE PROPERTY OF - Versal A vocastia business and second post icercontains. Tribert Washington and the 8/30/1272 distance activity and along Series and I abor skillett TO THE TOTAL PROPERTY OF THE STATE OF THE ST Editaconting, III. J. FEBRUARY & KAREN KKLED Charles of Children parter _ = 2/1101 Car virio came cent _ 1000000118, 100. AND A SECOND RESIDENCE OF THE PARTY OF THE P

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0134	4
ould by		Reg. Dist. No.	
should	88	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission)	-
7 -	M)	allegany MARYLAND O. STATE Maryland. COUNTY allegany	
Page buriol,		b. CITY OR TOWN (If outside corporate limits, with RURAL ond give negretal lown) Conditions Conditio	X
irector.	X	Wilson Rd. Rural Olystown Wilson Road es IN Residence of the Road of the of t	RM?
neral d your fil		3. NAME OF DECEASED (Type or print) John Warden Ones 14. DATE Month Day Year OF DEATH Feb. 16 196	/
o the funded for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years tout bighdpy) WIDOWED DIVORCED DIVORCED Sp. 3 1879 9. AGE IIn years tout bighdpy) yrs. Months Days Hours Min.	
ond 3 to be retaine	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY 1. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY 1. CALLERY Furner	NTRY
ages 1, 2, ge 5 may b	9	13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME Matha Anold	7
Poge Poge File po		15 MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yos, give war or dates of service) None May 1. H. Davis Address (It yos, give war or dates of service)	2
. ₩3.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	
Pera P		PART). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY OCCLUSION SUDDEN	
for sit		DODOTOR COST (6)	
in the troub		Conditions, if any, which) (b) CORONARY SCLEROSIS	
ng ng rial-		gove rise to immediate couse	
olo		(c), stoting the underlying (c).	
fice ii	- 11	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
d o g	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES \(\sigma \) NO	
d 'pendaminer's		20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	
the wor dicol Ex e 3 shau		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work 19 of wor	ote)
Me	JULY 199	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI, Inquiry XI, and find	the
hief OR:		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .	
officote of the C	7	ACTUAL Benedict Skitarelia M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNER	0
		EXAMINER'S ASSISTANT MEDICAL EXAMINER	
prworded FUNERAL r removal		NAME (Type) BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER Z FEBRUARY 16, 1961	
farw forw or re	0	220- RURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote). Specify) 2/19/6/ MY Labor Cem. Specify Hab	
S. A15ME(5)	01	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	-
5M 9/55	0	Laves Selin Unc. ("umb-M&, DATE FEB 21 '61" Cirling S. trans	

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	TO SHIP THE STATE OF THE STATE			
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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1345

4	1. PLACE OF DEATH	2. T	JSUAL RESIDENCE (Where		esidenca before admission)				
1	e. COUNTY	MARYLAND	o. State Maryland b. countilegany						
	b. CITY OR TOWN (if outside corporete limits, c. LENGT		CITY OR TOWN (If outside co	44					
9	write RURAL end give neerest town)		Cumberland	4					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give s	yrs	STREET ADDRESS	U.	e. IS RESIDENCE				
-	ON A FARM? YES NO								
П	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Yeer 19 6 I				
(Type or print) Rachael F. Dawson DEATH Feb. 16,									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE									
	F W WIDOWED	DIVORCED June	e I2, 1869	91 yrs.	Deys Hours Min.				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OR INDUSTRY 11.	BIRTHPLACE (County & State,	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?				
	House wife Own Ho		Martinsburg,	W.Va. U	SA				
	The state of the s	17.	Sarah J.						
	William H. Keller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE			Address					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unkown) (Ifyesgivewerordetesofservice)				26.2				
	no		T. E. Pague,	Cumberland,					
	18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), end (c).]			ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	tecen	uia_		3 wks				
	DUE TO								
	Conditions, it eny, which	terrere	lesures		8 sus				
	geve rise to immediate ceuse	con one			7				
	(e), steting the underlying DUE TO								
	ceuse lest. (c)	TO DELTH BUT NOT BELL	TER TO THE TERMINIAL DISEAS	CONDITION CIVEN IN DARK	1(e) 19. WAS AUTOPSY				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	PERFORMED?				
)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW OR CONTRIBUTING AUGUST OF EATH 206. DESCRIBE HOW OF CONTRIBUTING AUGUST OF EATH 206. DESCRIBE HOW OF CONTRIBUTING AUGUST OF EATH 206. DESCRIBE HOW OF CONTRIBUTING 206.	/ INJURY OCCURED. (Enter	r nature of injury in Pert I or Per	t II of item 1B.)					
	ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OC	CURRED 20e. PLACE OF	INJURY (Home, ferm, 20f. (C	City or town) (Cou	nty) (State)				
	Zoc. TIME OF INJURY Month, Dey, Year 20d. INJURY OC While Not W at work et w.m.								
21. I certify that (I) (this hospital) attended the deceased from the state of the first of the state of the									
	he date stated above.								
	220. SIGNATURE				22b. DATE				
	Clayle Loure	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	7/17/SIGNED				
	22c. PHYSICIAN'S NAME (Type) Dr.Clay E. Durret		236 Va. 6	ir Cum	button med				
		ME OF CEMETERY OR CR	EMATORY 23d. LC	CATION (City, town or county	r) (Stete)				
	DEMOVAL - (Specify)	en Hill Cer	metery Ma:	rtinsburg, W.	Va.				
	24 FUNERAL DIRECTOR'S SIGNATURE AD	DRESS	250. REC'D BY REG	ISTRAR 256. REGISTRAR'S	SIGNATURE				
	James F. Scarpelli, Cumber	cland, Md.	DATE FEB 2	1 '61 Cuthun	8. Kraus				

aryland allengy all variants Drie Produito 6% ASVA SIMPREIV ASS Save although the Third .day . Heles monage I. Campani dunc la, 1860 BI House, wife Gwn Home Amittanhurg, W. Va. - ULA A. T. WELLER ST. T. Total H. Heller Er, J. P. De De, Uninterland, Md.

Dr.Clay I. Durrett, M.D.

PLACE OF DEATH

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1362 CERTIFICATE OF DEATH

01346

a. COUNTY ALLEGANY MARYLAND O. STATE WEST VIRGINIA b. COUNTY MINERAL								
	b. CITY OR TOWN (If RURAL and give need	outside corporate limits, writ	c, LENGTH OF STAY IN 16		(If outside corporate li	mits, write RURAL or	d give near	rest town)
	A MANE OF HOSPITA	CUMBERLAND			GELEY	7		4/
1	OR INSTITUTION	AL (If nat in haspital, give stre		d. STREET ADDRESS				ON A FARM?
		SACRED HEAD	RT HOSPITAL	II CARPENT'I	ERS ADDITIO	ON		YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	CHT	FAY	DAWSON	DEATH	FEB.	15	1961
	S. SEX	6. COLOR OR RACE 7. MA	RRIED A NEVER MARRIED	8. DATE OF BIRTH	9. AC		ER 1 YEAR	F UNDER 24 HRS.
	FEMALE	WHITE WIDO	WED DIVORCED	XDIM MINISTER	ation 7 xb		Days	Haurs Min.
	10a. USUAL OCCUPATION	N (Give kind of wark done 10 ng life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (St	ote or foreign country	12.0	ITIZEN OF	WHAT COUNTRY?
	HOT	JSEWIFE	OWN HOME	WEST V	TRGINIA			IISA
	13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
		MARION WILLIAM	is	NANCY	FREEMAN			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address							
	140	2	15 20 5503	HUSBAND	THOMAS K.	DAUSON	AS ARC	ידדדי
	18. CAUSE OF DEAT	H [Enter only ane cause per	line for (a), (b), and (c),1	()	A A	DANSON	-	RVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		CUSP	· De int	1 14Da V.	ONSE	AND DEATH
	The same of	IMMEDIATE CAUSE (a)	rece wen	The	per use	n Indiber	re 1	dir.
	12/	DUE TO		/				
	Conditions, if an							V
	couse (a), stating th							
	lying cause last.) (c)						
	PART II. OTHE	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	IDITION GIVEN IN P.	ART 1(o) 19	. WAS AUTOPSY PERFORMED?
	LA C							YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Haur a.m.	Month, Doy, Year 20d		ACE OF INJURY (Home, for		wn)	(County)	(State)
-	Haur a.m.	19 Whi	le Not while fa	ctary, street, office bldg.,	etc.)			
			nded the deceosed from	Lebrugary	20/00. 1	5/5 10	61.	
		1	h 1. h	1117	1960, to			ot (1) (we) lost
	saw the decease	a anve an	1991, and that a	death occurred at	M/trom the	causes and an t	he dote	
		I mel and		M.D. ATTENDING	MED STA	AFF	_	22b. DATE //SIGNED
	22c. PHYSICIAN'S	- Jenus	an The	M.D. PHYS. 22d. ADDRESS	DIRECTOR PH	YS. 🗆		16-101
	NAME (Type)	/DR. J. JC	HINSON /	1 C	SX	(D)	01	8111
			TINDON •	1600	sell!	Cluck	ello	-de 141
	23o. 8URIAL, CREMATION REMOVAL (Specify)	, ,	23c. NAME OF CEMETERY C	- 1/	23d. LOCATION (City, tawn, ar caunty	')	(Stote)
	Burial	2/18/1961	Sunset Memori	al Park	Cumber:	land, Md.		
	24. FUNERAL DIRECTOR'S	77	ADDRESS		EC'D BY REGISTRAR	25b. REGISTRAR'S		
	Byro	on Kight Cur	berland, Md.	DATE	EB 2 0 '61	Cirthun S.	Thank	

MANAGEMENT STREET, STR 4 Secretary to the second of the

VR A15 (4) 15M 9/59

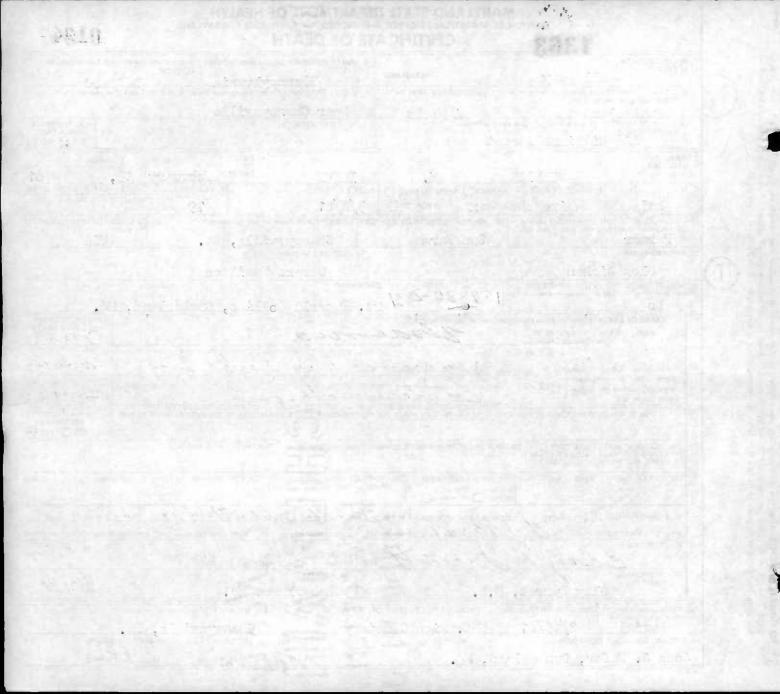
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1200

01347

1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAND	2.	USUAL RESIDENCE o. STATE TPen	(Where deceased	b. COUNTY	on: Residence		ission)
b. CITY OR TOWN ((If outside corporate limit learest tawn)	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN			URAL ond gi	ve nearest to	wn)
Cumber			4 Weeks		Near Cha	neysvil	le		10,46	
OR INSTITUTION	Williams S				d. STREET ADDRES	S	7	5X-	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First WILL, TA		Middle	I	Lost DICKEN	4. DATE OF DEATH	Mon Februar		Day	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UNI	
Male	White	WIDOWI	ED DIVORCED	1 3	18/81		lost birthdoy) 79 yrs.	Months E	Doys Hour	s Min.
10a. USUAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (S	itate ar foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
Farmer	rking life, even if retired)		Own Farm		Chanev	sville.	Pa -		USA	
13. FATHER'S NAME			71122 2 002 212	1.	4. MOTHER'S MAIDE		200		0012	
01 en 1	Dicken				Seren	a Hamil	ton			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR		220023000	Addi	ress	0.00	
(Yes. no, or unknown) NO	(If yes, give war or dates of se	ervice)	89-30-283/N	rs.	Russell	Collins	Cumberl	and, 1	Md.	
	ATH [Enter only one car	use per li	ne far (a), (b), and (c).]		-	F600 1 10	AND DE N		INTERVAL ONSET AN	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		ulan	2	3260					167
75	O DUE TO				A	40	e I		,	1
Conditions, if		6	June green	e	Dry	Keep	7 100	6	lo a	engl .
gove rise to couse (o), stoting	immediate (6	122		- 0	1				,
lying couse lost.			Maler	e-C1-	seler	6260			5	727
PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	JT NO	T RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury	y in Port I or Port	II of item 1B.)			
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Doy, Yeo	While at war	Nat while		OF INJURY (Home, , street, office bldg.,		or tawn)	(Co	ounty)	(State
21. I certify the	at (1) (this hospital) attend	ded the deceased from				Jeach 13		, ,	
	sed alive on 1	00/	3 196 / and that	deat	h occurred at_	M, from	the couses an	d on the		
220. SIGNATURE	clay/1	0	bunett	M.D.	(4-4)	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Clay Durre	ь, М.	,D.		22d. ADDRESS Climber1	and, Md.			2/1	4/61
23a. BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THEREO	F	23c. NAME OF CEMETERY	OR CR	REMATORY	23d. LOCAT	ION (City, town,	or county)	(St	ate)
Burial	2/15/6		Mt. Zion Cem	ete	rv	Char	neysville	Pa.		
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	TO	9	REC'D BY REGIST	RAR 25b. REGIS	STRAR'S SIGI	NATURE	
John J. Ha	afer. Cumber	land	. Md.		DATE	ern 1 7 %	1 00	Elma S. T	Traus	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

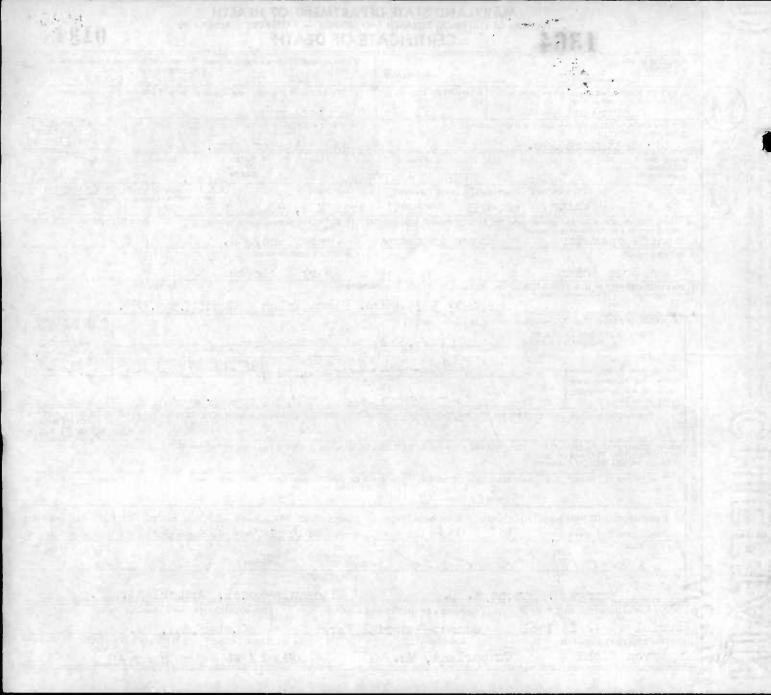
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30	54	CER	TIFIC	ATE	OF	DE/	ATI

1)1	3	4	8
-		-		-

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Cumberland Life	Cumberland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
449 Baltimore Ave.	449 Baltimore Ave. YES□NO ₩
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeor
	DLAN DEATH Feb. 22 1961
S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths Days Hours Min.
Male White WIDOWED ☐ DIVORCED ☐	April \$ 8,1904 56 yrs. Months 2003 Hoors
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator Rayon industry	STRY 11. BIRTHPLACE (State or foreign country) Cumberland, Md. ISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hosa Doman	Mary Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	cs. Flora Dolan Cumberland, Md.
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Lit 20 0 DUE TO	TILLED YOU
Conditions, if ony, which gave rise to immediate	please from Osian
couse (a), stating the <u>under-</u> lying couse last.	ed arterosloves you
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) VERY AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (County) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive an	death accurred at 17M, fram the causes and an the date stated above. 22b.DATE
Lavorge M Grown	M.D. PHYS. MED. STAFF SIGNED
22c. PHÝSICIAN'S NAME (Type) eorge M. Simons, M. D.	Algonquin Hotel, Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
Burial (Specify) 2/24/1961 Sunset Memori	al Park Cumberland, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Byron Kight Cumberland, Md.	DAFEEB 27'61 and & King

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be restricted by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death. VR A1S (4) 1SM 9/59



d. NAME OF OR INSTITUTE 3. NAME OF DECEASED (Type or print) 5. SEX Fema 10a. USUAL OCC during most HOUSE 13. FATHER'S NA	Alle DWN (If outside carporate lim give nearest town) HOSPITAL (If not in hospital, JTION Sylvan A Fi Per 6. COLOR OR RACE White UPATION (Give kind of wark of working life, even if retires	nits, write c. Lland 2 give street oddreetreat irst arl 7. MARRIED [WIDOWED [done 10b. KIND	Middle **Deney Never Married [DIVORCED [OF BUSINESS OR IN	d. STREET d. STREET L. DOD 8. DATE OF BIR 5/27	Paryl Cumber Cumber Address 6302 ast mm	and side corporate rland Fredr: 4. DATE OF DEATH	ick Stre Mont Febru AGE (In years) Most birthday)	All JRAL ond give	e rany nearest taw e. ts RE: ON / YES Day 8	n)
d. NAME OF OR INSTITUTE OF INST	give nearest town berlands to the spiral of	give street oddre etreat irst arl 7. MARRIED [WIDOWED [done 10b. KIND	Middle "enev Never Married [DIVORCED [OF BUSINESS OR IN	d. STREET L DO: 7a. 8. DATE OF BIR 5/27	Cumbe ADDRESS 630½ ost rn RTH /83	Fredri 4. DATE OF DEATH	ick Stre	eet h wary	e. IS REGON / YES Day	SIDENCE FARM? NO (
3. NAME OF DECEASED (Type or print S. SEX Fema 10a. USUAL OCC during most House 13. FATHER'S NA 15. WAS DECEA (Yes, no. or unknown	Figure 10 Sylvan Reference	otreat 7. MARRIED [WIDOWED [done 10b. KIND	Middle **Deney Never Married [DIVORCED [OF BUSINESS OR IN	7a. Doz	630½ out rm rm rtH /83	4. DATE OF DEATH	Mont Febru	huary	Pay 8	Year
DECEASED (Type or print) S. SEX Fema 10a. USUAL OCC during most HOUSE 13. FATHER'S NA 15. WAS DECEA (Yes, no. or unknown	Per 6. COLOR OR RACE White UPATION (Give kind of work of working life, even if retirent wife ME	7. MARRIED [] WIDOWED [] done 10b. KIND	enev	7a. Dog 8. DATE OF 81R 5/27/	rn 8тн /83	OF DEATH	Febru	uary	8	
10a. USUAL OCC during most House: 13. FATHER'S NA 15. WAS DECEA! (Yes, no. or unknown	DPATION (Give kind of work of working life, even if retired wife	WIDOWED Connection of the done 10b. KIND	DIVORCED OF BUSINESS OR IN	8. DATE OF BIR 5/27/	/83	9.	AGE (In years	IF UNDER 1 YE	AR IE HND	
HOUSE 13. FATHER'S NA 15. WAS DECEA	of working life, even if retired vife ME	d)		DUSTRY 11. BIRTH			// yrs.	Months Day		ER 24 H
15. WAS DECEA! (Yes, no. or unknown			n home	1	PIACE (Stote or		try)	U.S	A.	COUN
(Yes, no. or unknows	DOLLE TO CALLE.	r		14. MOTHER	'S MAIDEN NA		ephine S	Sigler		
	EDEVER IN U. S. ARMED FO	RCES? 16. SOCI		7. INFORMANT	orn. 630		Address Serick S	ess		
gave rise cadse (o), lying caus	II. OTHER SIGNIFICANT CO	\$50 G	11		ocler tis to the termin	AL DISEASE CO	ONDITION GIVE	EN IN PART 1(c	o) 19. WAS PERFO YES	DRMED'
	NT WAS UNDERLYING UNITING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter noture				(Coun		(Ste
20c. TIME O		While	Not while at wark	factory, street, offi	ice bldg., etc.)	1	10	(COUN	"71	16)
alive on	Junes 2	deceased for 196/		ath occurred a	9 Gr	DDRESS (Street	he causes at t, city ar town, s	state)	date stat	
PHYSICIAN NAME (Typ 220. BURIAL, CR	MATION 226. DATE THERE		I.D.		Greene		Cumberle N (City, town, o		• (Stat	e)
REMOVAL (pecify) 2/11/6 ECTOR'S SIGNATURE	The Court of	Rose Hill				rland.			,

F HEALTH-BALTIMORE, 18		STATE DEPARTM		N	
HEARD TO	O STA				
		CH HATH			
		THE RESERVE TO SERVE			
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				Services of the services of th	
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				A AGRET TO	
period and employed Place No. 201. The state of the state					
		State of the last			
Manufacture to be seen according to		A Line Co	ad are are		

CERTIFICATE OF DEATH 1366 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY / b. COUNTY filed MARYLAND dan death. b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest down) c. CITY OR TOWN (IF funeral c. LENGTH OF STAY IN 1b utside corporate limits, write RURAL and give negrett form pe hould d. NAME OF HOSPITAL (If not-in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS hours NAME OF 4. DATE First Middle Lost DECEASED filled OF 24 (Type or print) AGE (In years last bigthday) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH WIDOWED IZ DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dyrigg most of working life, even if retired) ausenie pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? TH. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO þ Canditions, if any, which (b) signed gave rise to immediate per DUE TO cause (a), stating the underlying cause last. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate 03 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) use Haur o. m While Not while at work at work 21. I certify that I attended the deceased fram, 19.61, to 19_6_,that I last saw the deceased glive on , and that death accurred at TTM, fram the causes and on the date stated above. RECTOR: ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S ohnson Cumberland James Jr. Green St. NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE/THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, lawn, REMOVAL Specity ures 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS

pode 10

IS RESIDENCE

YES NO F

Year

196

dans

Day

Days

(County)

Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rea. Dist. No.

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF MEALTH-SEALTIMORE 13

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	DIVISION O	F STATISTICAL		STATE DE	PARTMENT OF 301 W. PRESTON		ALTIMORE 1	I, MARYLA	ND OF A
_		1364	Item 9	F11mG262	3-8-61 et				01351
1.	PLACE OF DEAT	ALLEGANY		MARYLAND	e. STATE MAR		b. COUNTY		
	write RURAL en	(if outside corporete limit d give neerest town)		NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ete limits, write R	URAL and give r	neerest town)
0	d, NAME OF HOSP	MEMORIAL & W	SPITALPITOL, gi	estreet eddress)	d. STREET ADDRESS	HUMBIRD	ST.,		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First	IZABETH	Middle	FREELAND	4. DATE OF DEATH	Month FEB.	Dey 25	Yeer 19 6 i
	FEMALE	6. COLOR OR RACE	WIDOWED X	DIVORCED	MARCH 25, 18	_	AGE (In yeers IF last birthdey) N	Aonths Deys	Hours Min.
(Housewif	TION (Give kind of worl orking life, even if retire E	Ownho	BUSINESS OR INDUS	CUMBERLAN	D, MD.	reign country)	U.S.A	•
1	3. FATHER'S NAME	LIAM LEIDIN	CEP		ELLA ROON				
Z	Conditions, if en gave rise to immed (e), steting the ceuse lest.	diete ceuse underlying DUE TO	Cone 1 Ly	bral V.	vot related to the term	Placed AINAL DISEASE CO		ON	P. WAS AUTOPSY PERFORMED?
NOITATIEN	200. ACCIDENT V OR CONTRIBUTING	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIBE H	IOW INJURY OCCUR	ED. (Enter neture of injury i	n Pert I or Pert II o	of item 1B.)		YES NO
MEDICAL	21. I certify	that (I) (this hosp	While No	of While for work	LACE OF INJURY (Home, factory, street, office bldg., ended on the street of the street	1961, to	1/21	(County)	hat (I) (we) las
	22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type		Key &	R	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED 3/ JGT. AND, MD.
2	3a. BURIAL, CREMA' REMOVAL (Specify	110N, 23b. DATE THE		NAME OF CEMETER			TION (City, town		(Stete)
2	4 FUNERAL DIRECTO			Mary C ADDRESS erland, M		MAR 3 '6	AR 25b. REGIS		

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is necessory, please exe-ector. Page 4 should be cremotion PLACE OF DEATH o. COUNTY ATJ. EGANY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town) CHIMBERT AND 2 HRS 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) SACRED HEART E the registrar 3. NAME OF First Middle funeral for your DECEASED (Type or print) T.EONARD 5. SEX 6. COLOR OR RACE retained WIDOWED | DIVORCED | MATE WHILIM m 0 during most of working life, even if retired) pup offer Railroad pe BETTEEN Brakeman moy 13. FATHER'S NAME poges Poges Henry Clay Fuller 40 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. File Give no 705-09-3737 PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CEREBRAL with form IMMEDIATE CAUSE (o) e along with fo a buriol-tronsit **DUE TO** Conditions, if ony, which pencil gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. pending" in iner's Office 2 used os CERTIFICATION ner's 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should Exam WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Medical Nat while o. m. the of work of work p. m. writing Chief DIRECTOR: death resulted from: Natural causes T-Accident . SAEDICAL ficote, the ACTUAL SIGNATURE forworded FUNERAL DEPUTY **EXAMINER'S** NAME (Type) BENEDICT SKITARELIC 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 20 REMOVAL (Specify) 0 St. Marv's Cemetery Burial Feb.8 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHMBERTAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W Last DATE Month Year Day DEATH 1967 HILLIER Feb 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. ast birthday) Months Days Hours Min. yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND -Greenridge 14. MOTHER'S MAIDEN NAME Twigg Marv 17. INFORMANT Address CHART INTERVAL BETWEEN ONSET AND DEATH HEMORRHAGE 12 Hrs SCLEROTIC VASCULAR DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY PERFORMED? YES YEY NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Inquiry 7, and find that

21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection V. Suicide . Undetermined cause Hamicide .

> CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER January 5

22d. LOCATION (City, Iown, or county) Cumberland . Md.

24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR

Cumberland, Md. James F. Scarpelli,

DATE FEB 9

Circling S. Krans

DATE SIGNED

(State)

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Annie Barre (1991		ods central courses of the goals for cost of an appetit
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	THE HEADY	De Destin
CERTIFIC	ATE OF	DEATH

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1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla	+ COUNTY	ian: Residence befare admissian) Allegany
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Lonaconing	c. LENGTH OF STAY IN 16		utside carporate limits, write f	
d. NAME OF HOSPITAL (If not in hospital, give street or institution lace	et address)	d. STREET ADDRESS	Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret	Middle	Gardner	4. DATE Mor	
The	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH February 9	9. AGE (In years last birthday) 78 yrs.	Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind af wark dane 10 dyring most af warking life, even if retired) HOUSE WORK	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Glascow,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George Cortsa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Wargaret	Blackburn	iress
no	none (George Gardr	ier Lonac	oning, Md.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Interiosclerat	i Cordion	escular des	eare years
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in f	Part I ar Part II af item 18.)	
Haur a.m. Whi	f-	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspital) atte	II. /1		56, to Feb.	2_, 19_6_/, that (1) (we) last and an the date stated abave.
22a. SIGNATURE	Om		ED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) L. R. MILES	JIP. M.D.	LONACO	ONING	MD.
23g. BURIAL CREMATION, 23b. DATE THEREOF 2/9/61	Oak Hill C	emetery	23d. LOCATION (City, town, Lonaconin	
24. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	ADDRESS Lonaconing.	Md. DATE FE		ISTRAR'S SIGNATURE

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death certificate

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may be retained by the hospital or attending

copy

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01354

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Allegany COUNTY Allegany STATE Mary Land MARYLAND (If outsida corporata timits, writa RURAL LENGTH OF STAY CITY (If outside corporete limits, write RURAL and give nearest town) and give nacrest town) (in this place) TOWN Ellerslie llerslie HOSPITAL OR STREET (If rural giva location) INSTITUTION OF ADDRESS STREET ADDRESS 3. NAME OF (First) (Middla) (Last) 4. DATE (Month) (Yaar) DECEASED (Type or Print) C. Gardner ets.8.1961 Robert SINGLE, MARRIED. 6. COLOR OR 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR **IIF UNDER 24 HRS** WIDOWED, DIVORCED RACE (Spacify) Married Aug. 26.1884 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT dona during most of working life, even if OR INDUSTRY COUNTRY? Ellerslie. Ma. Penna. Railroad Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nancy Miller Jeremiah Gardner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Mic. (Yas, no, or unk.) (If Yas, give war or dates of servica) Mrs. Georgia Gardner, Ellersl None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute myocardial insufficiency hrs 25 min. MMEDIATE CAUSE Chronic ASCVD with hypertension. Chronic coronary ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. pur roartery disease. Chronic mitral valvular disease -II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO IX 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY straat, offica bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Hour) at work 22. I hereby certify that I attended the deceased from approx. 1950 to 11/2/60 19 that I last saw the deceased 19......, and that death occurred at 3:25AM, from the causes and on the date stated above. ADDRESS (Straat, city, town, stata)

NAME OF CEMETERY OR CREMATORY

61 Scottdale Cemetery

25. FUNERAL DIRECTOR'S SIGNATURE

LOCATION (City, town, or county)

Scottaale.Pa.

e Hyndman, Pa.

(Stata)

TO FUNERAL DIRECTOR: The law requires that the certificate has been executed by the attending ph death certificate assembly should be detached for u

23. BURIAL CREMATION.

Buria

DATE

REMOVAL (SPECIFY)

RECUERY REGISTRAR

REGISTRAR'S SIGNATURE

arthur & Hours

MARYLAND FEATE DISABITMENT OF MEATH-BALTIMORS, 18 CENTINCATE OF DEATH and trabation and a secretary and The to sell to Committee of the state of the design of the state of the - south remain the second of the second remains the second A company of the second section of the Addition with the last A THE TOTAL SERVICE SERVICE

MARY	LAND	STATE	DEPARTME	NT	OF	HEALT	Ή
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	PLACE OF DEATH	llegany		м	ARYLAND		TATE Md		deceased 1	lived. If institution b. COUNTY		nce befo		an)
	b. CITY OR TOWN (If RURAL and give ne Frostbu	autside carporate limi arest tawn) rg	ts, write	c. LENGTH OF S	TAY IN 16	c. C	Nikep	(If autsi	de carpora	te limits, write RI	JRAL and	give nec	arest town)	
	OR INSTITUTION	AL (If not in hospital, g B Hospital	ive street o	ddress)		d. :	STREET ADDRES	iS					e. IS RESI ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Mary		Mi liza beth	ddle	Gre	Last	4.	DATE OF DEATH	Feb. 6	,	Do	,	ear 9 61
	sex Female	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MA	ARRIED	-	OF BIRTH	1887 1889/	9	. AGE (In years lost birthday) yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	R 24 HRS. Min.
100	House Wi	N (Give kind of work in life, even if retired	dane 10b. I	(IND OF BUSINE	S OR IND	JSTRY 11.	BIRTHPLACE (S		fareign cou	entry)		S.A	F WHAT CO	SYNTAUC
13.	FATHER'S NAME Levi Bi	ttinger				14. M	OTHER'S MAID			water			3.	
		R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY		informa Charl	nt .es Gree	n		Barton,		R.D.	. 1	
		n mediote	Cer	terios	(c).]	ic (Cardia	di	ılı	ne dise	eal		ERVAL BET SET AND	
CATION	PART II. OTH	IER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BU	IT NOT RE	LATED TO THE T	ERMINA	L DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJU	RY OCCURR	ED. (Enter	nature af injur	y in Part	t I ar Part I	II af item 1B.)	162			55.
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	ar 20d. IN While at wark	Nat while			INJURY (Home, eet, office bldg.		20f. (City o	ar town)		(Caunty)		(State)
V		t (I) (this haspita ed alive an F		ed the decea		death o		MED.		he causes an				abave. DATE SIGNED
23	BURIAL, CREMATIO REMOVAL (Specify)	N, 236. DATE THEREC	OF .	23c. NAME OF			ATORY		d. LOCATION	ON (City, Nwn,	or county)	otote)	

250. RECID BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

Westernport, Md.

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24. FUNERAL DIRECTOR'S SIGNATURE

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funeral P .⊆ completely certificate be executed carbon with physician and remove please attending signed by burial-transit been has certificate as for use prior After this ached DIRECTOR: may death. Parket rector, à di OI VR A15 (4)

15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 DAYS CUMBERLAND ALOS INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO K WARWICK & MEMORIAL AVENUES PROSPEC NAME OF Middla Last DATE Year DECEASED (Typa or print) JOHN PERRY GREENWADE DEATH FEBRUARY 26 61. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours 1894 MALE JULY 18. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REITY-Springileld BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Tire Employee KEYSER, W. VA. U. S. A. Tire.Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANIEL GREENWADE Frances PERRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or dates of service) CUMBERLAND, MD. Yes HOSPITAL 79-09-0661 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate ceuse DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f_a(City or town) (County) (Stata) Month, Day, Yaar factory, street, offica bldg., atc.) Whila Not Whila Hour a.m. et work at work p.m. 19 21. | certify that (I) (this hospital) attended the deceased from..... 2/6/ and that death occurred at ... 4.5MA the causes and on the date stated above. saw the deceased alive on.... DATE 22a. SIGNATURI ATTENDING DIRECTOR PHYS. PHYS. 224. PHYSICIAN'S 22d. ADDRESS NAME (Typa) J. WILLIAMS 122 S. CENTRE ST., CUMBERLAND. MD 23d. LOCATION (City, town or county) BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Queen's Point Cem. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE DATE FEB 2 8 '61 anthon & Kroud

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OR. 8. J. WILLIAMS 122 S. CEMPE ST., OF BERLING, 19.

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MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE a. CO	OF DEATH	legany	MARYLA		USUAL RESIDENCE (WI	here deceased liv	h COUNTY	on: Residence b Allegan		sion)
ь. cit Rus	Y OR TOWN (If or	utside corporote limits, wi est town) Priport	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN (IF C			JRAL and give	nearest taw	n)
d. NA	ME OF HOSPITAL	Ilf not in hospital, give s	treet address)	. 1	d. STREET ADDRESS			al III	ON	SIDENCE A FARM?
3. NAME DECEA (Type	OF ASED or print)	First Winifrayd	Middle // Winifred	Har	lost ris	4. DATE OF DEATH	Feb.	15	Day	Year 19 61
s. sex Fema	_	W. 2 4 a	MARRIED NEVER MARRIED		ate of Birth g. 12, 1893		AGE (In years lost birthdoy) 67 yrs.	Months Doy	-	T
10a. USU Dor	AL OCCUPATION ng most of working nestic	(Give kind af work done g life, even if retired)	10b. KIND OF BUSINESS OR Own Home	INDUSTRY	Barton, M		try)	12. CITIZEN	44	COUNTRY
13. FATHE	ER'S NAME Thoma	as S. Harris		14	MOTHER'S MAIDEN I	NAME .exander	- L	AND CO.	2	
1S. WAS {Yes, no, or no	DECEASED EVER IN	N U. S. ARMED FORCES? res, give war or dates of service)		17. INFOR			Addr			
gov		nediate (opprerations	Vot S	pocifie La	s Rhei	metic		5 42	ars
CERTIFICATION ON CO.			ONS CONTRIBUTING TO DEAT					EN IN PART 1(c	19. WAS PERFO YES	AUTOPSY ORMED?
	ITHER, NOTIFY ME	UNDERLYING [] 20b. CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Port 1 or Part II	of item 18.)			
WEDICAL	TIME OF INJURY Hour a.m. p. m.	V	0d. INJURY OCCURRED 20 While Not while twork at work		OF INJURY (Hame, farm street, affice bldg., etc		town)	(Coun	ity)	(State)
	certify that (tended the deceased fr		h accurred at 316	M, from the	Feb 15 e causes and	196, d an the do		
	SIGNATURE	ulas,	Wilson	M.D.		ED	STAFF PHYS.	Feb	. 16.1	SIGNED
22c.	PHYSICIAN'S NAME (Type)	Paul R.)	NISM M	.0	22d. ADDRESS'	jedn	n on t	W.	/d.	
23a. BUR	IAL, CREMATION, OVAL (Specify)	23b. DATE THEREOF 2/17/61	Philos	ERY OR CR	EMATORY		N (City, town, o	or county)	(Sto	d.
24. FUNE	PAL DIRECTOR'S S	SIGNATURE	Westernport	, Md.		B 2 0 '61	R 25b. REGIS	TRAR'S SIGNA		

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FOR STATE HEALTH DEPT.

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TO DEPUTY KEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deleve is necessary, please exect. The certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the fund director. Page 2, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Realth, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.	12

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		374 MEDI	LAL	EXAMINE	K 2	CEKIII	FICA	E OF L	MAIN		01	25%_
	LACE OF DEA	TH ÷					RESIDEN	CE (Where dec			idence perore	admission)
		legleny		MARYLA	IND	a. STATE	Mary	land	b. COUN		hingto	n V
t	CITY OR TOWN	N (if outside corporete limits, and give neerest town)		c. LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (I	f oulside corpor	ete limits, write	RURAL and	ive nearest to	own)
	Rural Ha			about one	hou	r	Hag	erstown		210	6 6	-7
	. NAME OF HO	SPITAL OR INSTITUTION (if no	of in hosp	oital, give street address	1)		ADDRESS					RESIDENCE
		at Town Hill				140 E.	Irvi	n Ave.			YES [N A FARM?
1	NAME OF DECEASED Type or print)	RALPH		PARKS	H	ASLACKE	IR	4. DATE OF DEATH	Februa		26 ₁₉	61
5.	SEX	6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED		DATE OF BIR			AGE (In years		-	ER 24 HRS.
	Male		IDOWE			arch 11		7	last birthday) yrs.	Months De	ys Hours	Min,
don	USUAL OCCUP e during most of	ATION (Give kind of work working life, even if retired)		ND OF BUSINESS OR IN	NDUSTRY					1000	N OF WHAT	COUNTRY?
	ar deale		own	business	1	Davi		Virgin	ia	1 0.	S.A.	
		inthony Haglac	ker				arie					
	WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16. :	SOCIAL SECURITY NO.	17. IP	FORMANT	W. T. T. C.	1 647 150	Address	TECH		
(Yes	no, or unkown)	(If yes give war or detes of servi		14-05-7329	Mr	s. Elia	aheth	Haslac	ker Ha	agersto	wn. Md	-
1		P DEATH [Enter only one cau				-J. L.	,00001			601000	INTERVAL B	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		CORONARY O	CCLU	SION					SUDD	
	42	DUE TO								Marie .		
	Conditions, if a			CORONARY	SC	LEROSIS					-) may 1000
	gave rise to imm (a), steting the	DIJE TO								25000		
	cause last.											
S	PART II. OTI	HER SIGNIFICANT CONDITION	NS CON	TRIBUTING TO DEATH I	BUT NOT	RELATED TO	THE TERMIN	AL DISEASE CO	NOITION GIV	EN IN PART 1		AUTOPSY FORMED?
5											YES	NO X
CERTIFICATION	20e. EXTERNAL PRIMARY ☐ or CAUSE OF DEAT	CONTRIBUTING [DESCRI	BE HOW INJURY OCCU	JRED. (En	ter neture of it	njury In Pert	I or Pert II of it	em 18.)			
N.	20c. TIME OF IN	UURY Month, Dey, Year] 20d. [NJURY OCCURRED 20		E OF INJURY			r lown)	(County)	(State)
MEDICAL	Hour a.m		While at work	Not While	fecto	ry, street, office	bldg., etc.)				
2	21 I certify	that I took charge of t			ve hel	t en Auton	sv 🗍	Inspection [X, Inquir	v [V]	and in my	opinion
	death resulted			Accident ,	Suicio		lomicide		etermined m	Parl -	and in my	ориноп
		1	77.	, , ;		CHIEF	MEDICAL E					
3	ACTUAL SIGNATURE	Benedut.	Ski	tarelic!		M.D. ASSIS	TANT MEDI	CAL EXAMINER			DATE SI	GNED
0	EXAMINER'S					DEPUT	Y MEDICAL	EXAMINER X	Februa	ry 26,	1961	
	NAME (Type)	Benedict Ski			FBV 6.5	Addre	ess (Street, c	ity, town, or co	unty) R 9	Cumber	land,	MD
220.	BURIAL, CREMA' REMOVAL (Spec			Dago USTE		CREMATORY	3-1-1	22d. LOCATIO	N (City, town,	or country)	(SI	lete)
	urial	3/1/1701		Rose Hill C	emer	ery		Cumber	1.41-22-1		Maryl	and
23.	Suter -	Rouzer Funera	1 Ho	ADDRESS		Ma	24a. REC	'D BY REGISTRA	R 24b. REG	ISTRAR'S SIGN	IATURE	
				me Hagerst	lown.	, Ma	DATE M	AR 1 '61	-		4	

2011 fc. The state of Se Tree those seek the seeks Hoom I farm TION. LEWINGE. fit reads of ... TRUTCH THE LANGE AND THE BOTH THE CONTROL OF The Roll of the second ร.ทว เทา สารคา การ์การ์การ ATTENDED TO A CONTROL OF STREET STOTIES YEAROND Toponic Comment of the comment of th Bun Mict. Miterulic M. D. here is not the first that the second of the Total - and the training of the majorithms of the second o

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	1	•)	3
_	4	+)	4

John J. Hafer, Cumberland, Md.

		1375		CEKIIF	CAIE	OF DEAL					
1.	PLACE OF DEATH	egany		MARYL		usual residence o. State Mary	(Where deceased land	l lived. If instituti b. COUNTY		e before adr	nission)
	RURAL and give ne Cumberl		its, write	c. LENGTH OF STAY I	N 1b	c. city or town Cumber		rote limits, write F	RURAL and g	ive nearest to	own)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, of 224 Baltim				d. STREET ADDRES		emie.	1	10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print) MA	FII RGARET WIT.	rst HET.MT	Middle	A HET	Last	4. DATE OF DEATH	Februs		Doy	Year 19 61
5.	SEX	6. COLOR OR RACE	to find which the shade.	IED NEVER MARRIE	-	ATE OF BIRTH		9. AGE (In years	7	TYEAR IF U	NDER 24 HRS.
	Female	White	WIDOWE	DIVORCED	O S	pt. 4, 1	879	lost birthdoy) 81 yrs.		Days Hou	44
	. USUAL OCCUPATION during most of wark	N (Give kind af wark ing life, even if retired	1)	kind of Business of wn home	NDUSTRY	Cumberl		ountry)	12. CITI2	TISA	AT COUNTRY?
_	FATHER'S NAME			W11 1101110	14	. MOTHER'S MAID				LIGH	
		d Zimmerman				Mary G	ruver				
		R IN U. S. ARMED FOR (If yes, give wor or dates of		social security no.	17. INFOR		al Wash	Add	iress C		
F		TH [Enter only one or	ause per liv	ne far (a), (b), and (c).]	1 110	2 20 11002	GT MGSI	THE WILL	Uelle	LINTERVAL	BETWEEN
		TH WAS CAUSED BY:) /	Tomine	ul t	ronchi	il pr	eumor	uá.	ONSET A	ND DEATH
	Conditions, if or		av	tenoreles	tu c	ordror	oulula	diser	20	50	jens
	gove rise to it couse (a), stating lying cause last.		le le	n. arle	nos	clorosi	,				3
CERTIFICATION	PART II. OTH	ler significant con	NDITIONS C	entributing to DEA	TH BUT NOT	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GI	VEN IN PART	PEI	AS AUTOPSY RFORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DEŚ	CRIBE HOW INJURY OF	CURRED. (E	nter noture of injur	y in Port I or Por	t II af item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While at war	Not while		OF INJURY (Home, , street, office bldg.		or town)	(0	ounty)	(Stote)
	21. I certify tha		l) attend	led the deceased	13 Gill	h occurred at	1950, ta_	12 Fet,			l) (we) last ted abave.
	220. SIGNATURE	alker ?	ron	Ormer	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/1	22b, DATE SIGNED 4/61
	22c. PHYS CIAN'S NAME (Type)	V. A. Van (Ormer	M.D.		22d. ADDRESS 122 S. Co	entre St	., Cumbe	rland,	Mary	lana
230	BURIAL, CREMATIO REMOVAL (Specify)	2/1/./6	OF 1	Rose Hill				rion (city, town, perland,	"	(Stote)
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a.	REC'D BY REGIST		ISTRAR'S SIC	SNATURE	
	John J. I	Hafer, Cumb	perla	nd. Md.		DATE	FEB 17	'61	arthur .	8. Kraus	

e funeral directar, nould be filed with Then please remove carban papers. Pages I and moy be rety by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 one the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

TO HOSPITAL OP VR A15 (4) 15M 9/59

VR A1S (4) 1SM 9/59 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01360

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (d lived. If instituti		
	Allegany		Mary			Allega:	
b. CITY OR TOWN (I	f autside carporate limits, write earest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If outside corpo	rote limits, write R	URAL ond give ne	earest lown)
Frostbu		3 Weeks	Fros	tburg	VI SIL		
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give street	address)	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Hospital		61 W.	Main	Street		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mor	nth D	ay Year
(Type or print)	Stella	L.	Hosken	DEATH	Februa	arv 5t	h. 1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS
Female	White WIDOW	ED DIVORCED	Feb.6th.1	876	lost birthdoy)	Manths Days	Hours Min.
	ON (Give kind of wark dane 10b.			ate or foreign co	V	12. CITIZEN O	F WHAT COUNTRY
RetTeac	king life, even if retired)	ublic School	Marvlan			US	
13. FATHER'S NAME			14. MOTHER'S MAIDEN		- 120-50		
George	Hoeken		Hannah	Kear			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Weat	Add	ress	1000
	(If yes, give war or dates of service)			-1	7 7.7 34	1 n 0 +	Fibe Ma
1			<u>iss Eva Ho</u>	sken,	M. M.		F'bg.Md
	ATH [Enter only one couse per li	ne for (o), (b), and (c).]	V. 2100	7-0	15000	ON	SET AND DEATH
Un -	IMMEDIATE CAUSE (a)	"Mellow core	The ITEN	11/00	- Walley	9	12 July
120	DUE TO						
Canditions, if a gave rise to i					+.5-4.74		
couse (a), stoting	DILETO						
lying couse lost.	(c)						
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
PART II. OTH							YES NO
20g. ACCIDENT WA	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port 1 or Por	t II af item 1B.)		
OR CONTRIBUTING	CAUSE OF DEATH						
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Year 20d. I		ACE OF INJURY (Home, fo		or town)	(County) (Stote
Haur o. m.	While	Not while fa	ctory, street, office bldg.,	etc.)			
₹ p. m.	or wor	K C di work	0	0.0	3/1	1.1	
21. I certify the	it (I) (this hospital) attend	ded the deceased fram.	Jan 15	196/ , ta_		, 19/_, t	hat (I) (we) las
saw the deceas	sed alive on 2/1	196/., and that a	death accurred at	/1.M, fram	the causes ar	nd an the date	e stated abave
22a. SIGNATURE	- 1 11	100	477				22b. DATE SIGNEI
(erm J. W	asur.	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S	0		22d. ADDRESS	L LELL	10-12-1-1		
NAME (Type)	Alvin J. Walt	ers, '	48	Broad	way, Fr	ostburg	, Md.
23a. BURIAL, CREMATIC	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			TION (City, town,		(Stote)
REMOVAL (Specify)	2-8-61	F'bg.Memori	al Park		stburg,		Md.
24. FUNERAL DIRECTOR		ADDRESS		EC'D BY REGIST		STRAR'S SIGNATU	
119	A +		Ma				
1. //	vers -	Frostburg,	PAG DATE	ER 9 '6'	1 0	1. 9 6	

Contempts when the call axaf. at a territories ABU ON MODEL IS CARRY IN LANGUAGE AND EARLY All a wind to go of the light o Tale of the state L. M. Berry for very desired, the consequence will be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

1877 CER	TIFICA	TE OF DEATH		01361
1. PLACE OF DEATH o. COUNTY LEGANY	MARYLAND		re deceased lived. If institution: MARYLAND ^{b. COUNTY} A	Residence befare admission) LLEGANY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CUMBERLAND 6 DAYS		CUMBERIA	tside carporate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION SACRED HEART HOSPITAL		d. STREET ADDRESS APT. 14-D,	JANE FRAZIER VI	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Mi DECEASED (Type or print) ANNA R o S a	lie	JA CKSON	4. DATE Month OF DEATH FEB.	Day Year 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER M. FEMALE HTTE WIDOWED DIVO	ARRIED E	8. DATE OF BIRTH JUNE 16, 18	_last birthday) N	UNDER 1 YEAR IF UNDER 24 HRS. Annths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) HOUSEWIFE Own Home		MARYLAN	D	U. S. A.
13. FATHER'S NAME BANK MULLIAN Paul Mullan		Mary C.	Grady	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 19. no, or unknown)		Nard Jackso	Address A. Jane Frazi	Cumb. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gave rise to immediate couse (a), stating the under-lying cause last. (c) Lefture	reli	Seal /U notes He leson	forton,	Medical Cuchen
PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	lix	NOT RELATED TO THE TERMIN D. (Enter nature of injury in P		IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work at work		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an Ell (19 ())	1	leath accurred at 12:0	5 P.M.	an the date stated abave. 236 DATE SIGNED
22c. PHYSICIAN'S NAME (Type) SAVITILE G. WETSMAN, M.D.	,	22d. ADDRESS	EST. CUMBERIA	2/8/61
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/20/61 SS. Pe	cemetery o	Paul Cem.	Cumberland,	caunty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Wayne George, Cumberla	and, M	d. 250. REC'D	B 2 1 '61 25b. REGISTRA	ing S. Krous

DATE

TO HOSPITAL C.R. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 may be repositely by the haspital or attending physician.

TO FUNERAL D. RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and mould be filed with the State Baard of Health priar to burial, cremation, or remaval, and in ony event, within 72 hours after death. VR A1S (4) 1SM 9/59

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALT	MARYLAND	STATE	DEPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01362

	ACE OF DEATH COUNTY	Allegan	y	MARYLAND	2. USUAL RESIDENCE (WO. STATE Mary		lived. If institution b. COUNTY	n: Residence before Allega	ore odmission)
b.	CITY OR TOWN (IF RURAL and give ned	9		19/60	c. CITY OR TOWN (IF	outside corpor	ote limįts, write RU	JRAL and give ne	earest town)
d.	NAME OF HOSPITA	AL (If not in hospital, gi	ve street oddress)	Infirmary	d. STREET ADDRESS	inden	Street		e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF CEASED (pe or print)	Firs Mar		Middle Bell	Jennings	4. DATE OF DEATH	Februa:		Yeor 19 61
5. SE	remale		7. MARRIED []	DIVORCED	5/25/1895		9. AGE (In years last birthdoy) 65 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
/	during most of working the State Sta	ing life, even if retired)	Garmer	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stoke Fairview 14. MOTHER'S MAIDEN Isabel	,West	Virgin		S • A •
	(AS DECEASED EVER	IN U. S. ARMED FORG	212_01-		formant P.O.B	ox 59	/		rland,Md
1	PART I. DEAT	TH [Enter only one country one	the state of the same	-	Heere	orr	Lægt,	izon	TERVAL BETWEEN USET AND DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he under-	Ar	thit	o Defo	ree	care	1,	'>
CATION	PART II. OTH	ER SIGNIFICANT CONT	DITIONS CONTRIB	ELOW	NOT RELATED TO THE TERM	WINAL DISEASI	CONDITION GIV	'EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	POG. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE). (Enter noture of injury in	Port I or Port	II of item 1B.)		
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo		ot while for	ACE OF INJURY (Home, for tory, street, office bldg., e		or town)	(County	y) (Stote)
		t (1) (this hospital		deceased from	0/19/60 1 earl occurred at	9 , .to	2/11/61 the couses on		thot (I) (we) last te stoted above.
	220. SIGNATURE	receso	8.72	P	M.D. ATTENDING NO.	MED.		2/	11/61 DATE
	PHYSICIAN'S	Dr. Jame	s E. Mc	Lean	22d. ADDRESS 49 Gre	ene S	t., Cum	berlan	d, Md.
-	BURIAL, CREMATION REMOVAL (Specify)	2-13-63		bg.Memori			stburg.	or county)	(Stote) Md.
24. F	UNERAL DIRECTOR	SATGNATURE LUST	A	tburg. Me	25o. REG	C'D BY REGIST	104	STRAR'S SIGNAT	

CHO I SI - ovenself. - Sunderman June 11:04 10/19/60 decade manual oa t translini wishoo theneils The property of the second of Fomale witte come to Towns to est district the state of the state Swit John Lessel Norce . by breaks considered Are zen o. question of contract of the abscent years half tomer than Baconda the state of the s TOMES CENTRAL .1.50 .1.50 Add the second of the second o Dr. James L. Holosa V. L. 19 Broches Jt., Sumberland, Ma. , proceeded start fared out, and for the lather Manufacture Assessment

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1379

01363

a. COUNTY	ALLEGANY	MARYLAND	g STATE	RYLAND b. COUNTY	ALLEGANY
RURAL ond give	DSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	otside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOS OR INSTITUTIO 16		address)	d. STREET ADDRESS	BOWERY ST.	e. IS RESIDENCE ON A FARM2 YES NO A
3. NAME OF DECEASED (Type or print)	JOHN JOHN	LEWIS	JONES	4. DATE Month OF DEATH FEBRUAR	27, Year 61
5. SEX MALE	6. COLOR OR RACE 7. MAR WHITE WIDOW		DEC. 16, 18	1 1 1 1 1 1 1 1 1	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
RETIRED	TION (Give kind af wark dane 10b. orking life, even if retired) ORDERLY	KIND OF BUSINESS OR INDU	AL MARYI	LAND	U.S.A.
	ID L. JONES			LEWIS	
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? 16.	social security No. 17. IN 17-28-8835 MF	RS. MATTIE I	LEWIS, FROSTE	
Canditians, if gave rise to cause (o), statit lying cause los PART II. CO CONTRIBUTIN (IF EITHER, NOTIL (IF EITHER, NOTIL)	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	MAL DISEASE CONDITION GIVEN	S years N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO ☑
U 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTION Hour a.m.	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Year 20d, I While	Not while for	D. (Enter nature of injury in F ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	, 20f. (City ar town)	(Caunty) (Stote)
	If Coxtie	7_1961, and that c	M.D. PHYS. ME	M, fram the causes and	an the date stoted above. 2/2 SIGNED STBURG, MD.
23a. BURIAL, CREMAI REMOYAL (Speci BURIAL	3-2-1961	23c. NAME OF CEMETERY OF THE BG. MEMOR	R CREMATORY RIAL PARK	23d. LOCATION (City, town, or FROSTBURG,	county) (State) MD •
24. FUNJERAL DIRECTO	OR'S SIGNATURE	FROSTBURG, 1	4.8		RAR'S SIGNATURE

AND AND THE STATE OF THE PARTY and the state of t Tan . The state of the control of th

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1200

01364

1	-	1000						
1		LACE OF DEATH		2. USUAL RESIDENCE (Wh		If institution.	on: Residence befo	ore admission)
/		ALLEGANY	MARYLAND	MARYLAND			ALLEG	ANY
	Ь	. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lim	nits, write R	URAL ond give ne	arest town)
		RURAL and give nearest town) CIMBERTAND	7 DAYS	CUMBERLAN	m			
	d	. NAME OF HOSPITAL (If not in hospital, give s		d. STREET ADDRESS	U			e. IS RESIDENCE
		OR INSTITUTION	0.777771.4.7	02) 07407	70 0000	n		ON A FARM? YES NO W
		SACRED HEART HO		214 CHARI	ES_STREE			
	C	AME OF First ECEASED	Middle	M KÖELKER	4. DATE OF	Man	ith Di	oy Year
	(Type or print) ADA	MARIE	KORMONO PAR	DEATH	FE	BRUARY 1	5. 19 61
	S. S	EX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		E (In years birthdoy)		R IF UNDER 24 HRS
١		FEMALE WHITE WIL	DOWED DIVORCED	6-27-1894		56 yrs.	Months Days	Hours Min.
H	10a.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU			N	12. CITIZEN O	F WHAT COUNTRY
	-	during most of working life, even if retired)						
	20 1	Housework	At Home	MARY			U.S.	.A.
	13.1	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
		(DECEASED) George I		(DECEAS	ED) A		ouise Cr	owe
	15. Y	WAS DECEASED EVER IN U. S. ARMED FORCES? no, or unknown) (If yes, give war or dates of service)		NFORMANT		Add	ress	
	(1.00)	No	212-18-1762	CHART				
		1B. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c).1	0 1000			a a lini	ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	O The Till of h	Pa-WHI	Do I with	1.11	ON	SE AND DEATH
		IMMEDIATE CAUSE (a)	a weer ma	Letter Date	ac lerve	-1 july	WATER	BULLY
	-	DUE TO	/					
ú		Canditions, if ony, which) (b)		-V				
		gove rise to immediate (
		lying cause lost.						
	Z	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY
	CERTIFICATION							PERFORMED?
	Ë.					101		YES NO
)	E	20g. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in t	Port I or Port II of i	rem ID.)		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			Trans.			
	MEDICAL			ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or tow	(n)	(Caunty) (Stote
	AED AED		While Not while	ciory, sireer, office blug., etc.	1			
	1			Sill I	()	7-1	5.11.	
		21. I certify that (I) (this haspital) at	ffended the deceased fram	There 19	3/.ta		_≥, 19_6/L, t	hat (I) (we) las
		saw the deceased alive an	1964 and that a	death/accurred at/Lat	M, fram the c	auses ar	nd an the date	
		22a. SIGNATURE		ATTENDING MI	ED STA	er		22b. DATE SIGNE
		b. Johnes	cha Al		RECTOR PHY	rs. 🗆		
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS				
		DR. JAMES T	. JOHNSON, JR. MI					
	230	BURNAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City town	Or county)	(Stote)
1	250.	REMOVAL (Specify)						
V		Burial 2/17/61	Greenmount		Cumberl		Maryla	
1	24.	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC	EB ZU 61		ITTHIN SIGNATI	
3		Ruth E. Silcox Cum	berland Maryla	ind DATE		4.5		

Figure 12 1 - 1 The Continue the said our builded by a start to the transfer of the Or. No. Higher . " Books . on TOTAL CONTRACTOR STATE I

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 1381 CERTIFICATE OF DEATH

1. PLACE OF DEAT			MARYLAND	e. STATE	DENCE (Where dece	b. COUNT	Y	
b. CITY OR TOWN write RURAL en	(if outside corporate lin d give neerest town)	nits,	c. LENGTH OF STAY IN 18	c. CITY OR TO	YLAND IWN (If outside corpore	te limits, write	ALLEGA RURAL end give n	
	ITAL OR INSTINE	RIAL HO	SPITIAL eddress)	d. STREET ADD				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs AL1		Middle L	AMBERT	4. DATE OF DEATH	Month	Dey	Yeer 19 61
5. SEX FEMALE			NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. A			IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPA done during most of w	TION (Give kind of wo orking life, even if retir	rk 10b. KIN	D OF BUSINESS OR INDUS		(County & State, or for	eign country)	12. CITIZEN O	WHAT COUNTRY?
13. FATHER'S NAME			130 65	14. MOTHER'S MA		116-1		
15. WAS DECEASED E	ILLIAM KIME		OCIAL SECURITY NO. 17.		SCHREVES	Address		
(Yes, no, or unkown)			DCIAL SECORITY NO. 17.		HOCOLTAL		AND MAD	VIAND
	DEATH [Enter only on	ne ceuse per line		MEMORIAL	HOSPITAL-C	OMOEKU	INT	ERVAL BETWEEN SET AND DEATH
PARTI. DEA	IMMEDIATE CAUSE (e	100	minal Co	rarie	a copi			1
Conditions, if en	DUE TO	ch in	asise Ites	nt fra			3	weeds.
geve rise to immed (e), steting the ceuse lest.	liete ceuse		terni or a	informales	with and	nosei	len 5	>
PART III. OTHE	R SIGNIFICANT COND	orline conti	RIBUTING TO DEATH BUT I	NOT RELATED TO THE 1	TERMINAL DISEASE CO	NDITION GIVE		P. WAS AUTOPSY PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	1	RIBE HOW INJURY OCCUR	ED. (Enter nature of inju	ury in Pert I or Pert II of	item 18.)		
20c. TIME OF INJ Hour e.m. p.m.	URY Month, Dey, Y	eer 20d. IN While et work		LACE OF INJURY (Homeoctory, street, office bld		town)	(County)	(Stete)
	that (I) (this hosp sed alive on		ed the deceased from					nat (I) (we) last ite stated above
22e. SIGNATURE	v alher	1 Van	Omer	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type		RED VAN	ORMER (22d. ADDRES	SZZ SOUTH CE	ENTRE S	TAND, MD	
23e, SURIAL, CREMAT REMOVAL (Specify BULLAL)		EREOF	Duckworth C			ON (City, town		(Stete)
24 FUNERAL DIRECTO	30 al		Westernport,	303-3	TE FEB 8 '61		STRAR'S SIGNAT	

YMADILLA HOTTIAS YAC ! TATE TO THE OWN LITTED IN THERMA TO PERMIT 1081216-01 DINNER CULTUME 1, 8, 4, STATEMENT STATEMENTS BURELY MALLSON CHAIMSAN , CHITATETHOR JATHEORY LA PROCENT

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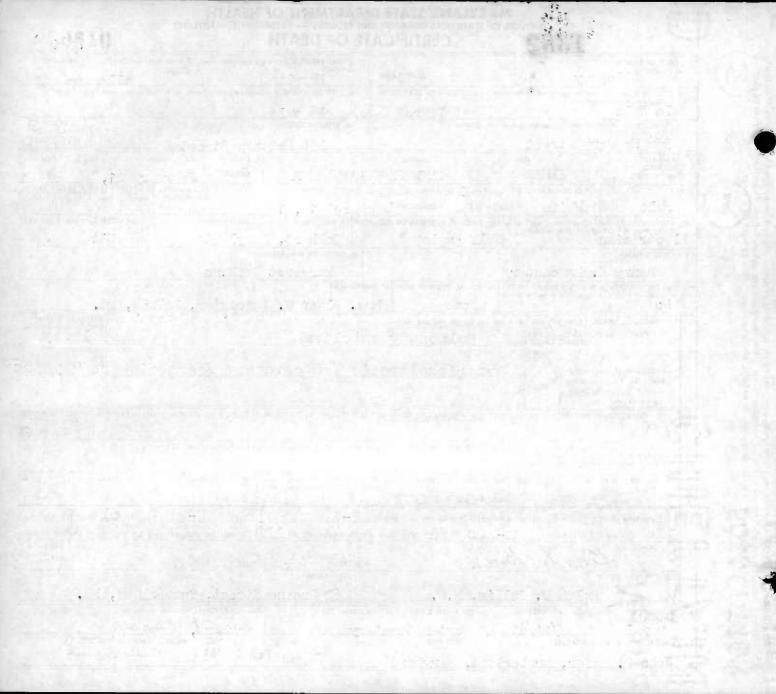
MARYLAND STATE DEPARTMENT OF HEALTH

DIAIZIOIA	OL SIMIISLICME KESEWICH WIND	KECOKD2	- DALI
382	CERTIFICATE	OF D	EATH

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1. PLACE OF DEATH a. COUNTY Alle	gany		MAR	RYLAND	a. STATE	rylan		lived. If instituti b. COUNTY		legs		ian)
	f outside carparate fim	its, write	c. LENGTH OF STA		X .	own (If o	autside corpora	ate limits, write R				1)
OR INSTITUTION	AL (If not in hospital, s	give street	1 2		d. STREET A	DDRESS	enry S	treet				FARM?
3. NAME OF DECEASED (Type or print)	ELMER	rst	Middl CARLI		LANCAST	1	4. DATE OF DEATH	Mar	arv 2	Do	•	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARE	RIED [B. DATE OF BIRTI	1	5	P. AGE (In years last birthdoy)	IF UNDER	1 TEAR		ER 24 HRS.
Male	White	WIDOW	ED DIVORC	CED 🔲	March 1	6. 18	92	68 yrs.	Manths	Doys	Haurs	Min.
10o. USUAL OCCUPATIOn during most of work Electrician	ring life, even if retired	1	KIND OF BUSINESS Lf Employe		TRY 11. BIRTHPL	ACE (Stote				USA	WHAT	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
Henry !	E. Lancaste	er			Mar	garet	Rephar	n				
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY N	17. IN	FORMANT			Add	Iress			
No			None	Mr	s. Elme	r C.	Lancas	ter, LaV	ale,	Md.		
Canditians, if a gave rise to cause (a), stating lying cause last.	mmediote (Ar	Pulmona terioscl	erot		corc				ase	9. WAS	years
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye			20e. PLA	O. (Enter noture of CE OF INJURY (tary, street, affice	Hame, form	n, 20f. (City		(Caunty)	YES	(State)
21. 1 certify that saw the decease 22a, SIGNATURE	et (1) (this hospital sed olive on	2 -	20_19_61, on	d that d		d of 11	56, ta	2–21 he couses ar			stoted	(we) lost d obove. b. DATE SIGNED /23/6°
22c. PHYSICIAN'S NAME (Type)	Ralph W. I				22d. ADDR	ESS		Cumbe	rland	• Mć	<i>Z/</i>	20/0
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	2/24/6	of 51	23c. NAME OF CE.				Eckha	on (City, town,	or county)		(Stat	te)
24. FUNERAL DIRECTOR	s signature	erla	ADDRESS				D BY REGISTE	AR 2Sb. REG	ISTRAR'S SI			

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funeral hours the The and 24 = completely executed certificate physician certificate ha Se o After may be retain DIRECTOR: OR director, page be filed with t death. Pas. HOSPI 0 VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY ALLEGANY Somerset MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CUMBERLAND, GLENCO E 10 DAYS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES Y NO 3. NAME OF 4. DATE Month Yaar DECEASED FEBRUARY 61 ROGER LEE LEECY DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) Months MALE WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U.S.A. Meyersdale, Pa. 13. FATHER'S NAME GEORGE W. LEECY LILLIAN TEETERS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] ONSET AND DEATH Bilateral PNEUMONIA I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO BRONCHIECT ASIS Conditions, if any, which geva risa to immediate cause DUF TO (e), steting the underlying BROCYSTIC PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of itam 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital), attended the deceased from Jan. 26., 1961, to Feb 5, 1961, that (1) (we) last saw the deceased alive on Fab. 4 19.61 and that death occurred at 25 A from the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING. DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. RALPH REITER 23d. LOCATION (City, town or county 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) R.D.1 Glencoe. Pa Burial Feb 61 Mt. Lebanon 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S STONATURE arthur & Kraus Berlin, Pa. '61 DATE FEB 8

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MARYLAND STATE DEPARTMENT OF HEALTH

ALLEGANY

Days

(County)

e. IS RESIDENCE

YES NO

19 61

fF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

1016

WAS AUTOPSY

PERFORMED?

NO K

(Stata)

22b. DATE

(Stata)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

24 certificate death

12. 14.

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	irector. Page	hief Medical Examiner's Office along with form PM3. Page 5 may be retain or your files.	ird of Heolth,	(X	
21 2 20 2	the funeral d	e retoin	should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health,	ter death		6	
9	2, ond 3 to	Poge 5 moy b	ond 2 with	n 72 hours af			
2000	Give Poges 1,	form PM3.	File pages 1	buriof, cremotion, or removal, and in any event within 72 hours after death.	($\widehat{\mathbf{I}}$)
1000	1 llem, 18. (glong with	usit permit.	al, and in or			
2000	in pencil in	ner's Office	burial-fron	, or remove			
200	"pending"	dicol Exami	se used as	, cremotion			1
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MARYLAND STA	ATE DEPARTMENT	OF HEALTH-	BALTIMORE, 1
1 3 2 MEDICAL	EXAMINER'S C	ERTIFICATE	OF DEATH

		1387ME	DICA	LEXAMINE Item 9 Fil	R'S	CERTIF	ICAT	E OF D	EATH	Reg. Dist.	NO. 1	370
	PLACE OF DEATH	llogany		A4 A B VA		- 47.70		here deceased	lived. If institu			
		11egany outside corporate limits, write	PUPAL	c. LENGTH OF STAY IN			Mary			MILLO	0	
	Cumber1	_	KURAL	50 year		c. cirror		erland		KOKAL and g	AS USCISSI	lownj
			not in hor	spital, give street address)		d. STREET A		01 2017			le l	S RESIDENCE
		leart Hos						rederi	ck St	•		N A FARM?
	NAME OF DECEASED (Type or print)	fir: Frai	nces	Middle E.		Litt	le	4. DATE OF DEATH	Fel		Doy L6	1961
5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. [ATE OF BIRTH	X	9.	AGE (In years	IF UNDER 1Y	EAR IF U	NDER 24 HRS.
F	Female	White	WIDOWE	DIVORCED	0 0	ct. 29	, 18	92 6	19 68 yrs.	Months Do	ys Hou	rs Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work of life, even if retired)	one 10b. i	CIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPL	CE (Stote	or foreign coun	try)	12. CITIZE	N OF WH	AT COUNTRY
	Housewif	е	(Own Home		Eckh	art,	Md.		J	JSA	
13.	FATHER'S NAME					4. MOTHER'S	MAIDEN N	AME				
	Mich	nael A.	Kel.	Ley		I	lla	N.				
15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FO	CES? 16.	SOCIAL SECURITY NO.		ormant Harr	y Li	ttle,	Cumbe	rland	, Ma	•
_	18. CAUSE OF DEAT	TH [Enter only one cou	e per line	for (a), (b), and (c).]							INTERVAL BE	TWEEN
		liote couse (CORONARY		SCLER(**3	Hrs.
CERTIFICATION	20a. EXTERNAL CAU	er significant con		DNTRIBUTING TO DEATH						'EN IN PART I	(o) 19. W/PEF	REORMED?
MEDICAL CI	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While		PLACE factor	OF INJURY (F y, street, office	iome, farm, bidg., etc.)	20f. (City or	town)	(County	1)	(State)
	ACTUAL SIGNATURE	Resulted from: 1	latural	remains described causes [X. Accidentation of the causes of the cause	ent [M.D. CHIEF M	EDICAL EX	Insp.)		nner [and in my
220	BURIAL CREMATION REMOVAL (Specify)	Feb 20				rematory 's Cem	eter	37 -	n (city, town, o lberlat	7 35-		itate)
23.	James F.	s signature Scarpell	i, 0	ADDRESS Sumberland	, Mo		240. REC'D	B 21 '61	0 -	Thun S. H		

VS. A15ME 5M 2/57

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		NT OF HEALTH—BA	
1 300 MEDICA	AL EXAMINER'S	CERTIFICATE O	F DEATH

18 Reg. Dist. No. 1371

		PLACE OF DEATH	ALLEGANY	MARYLAND	2. USUAL RESIDENCE	(Where deceased live YLAND	b. COUNTY	Residence be	~ . ~ ~ ~ ~
	t	c. CITY OR TOWN (If or and give nearest town) CUMBER	utside corporete limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate	limits, write RURA	L and give r	nearest tawn)
"	0			haspital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
			LWOOD ST.						YES NOX
		NAME OF DECEASED (Type or print)	THOMAS	Middle G.	LLOYD	4. DATE OF DEATH FE	BRUARY	14	
	5. 5	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8.	DATE OF BIRTH		birthday) Mon	1	Hours Min.
		MALE	AATT TO THE TOTAL TO THE TOTAL		Dec.6th, 18		80 yrs.		
	0	during mast at working	life even if retired)	ob. KIND OF BUSINESS OR INDUSTRICE. K.S.Tire Co.	MARYLA) 12	U.S	• A •
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
	_	HENRY I			MARGA	RET DAVI	.S		
			IN U. S. ARMED FORCES? If yes, give wor or dates of service)		FORMANT		Address		
				217-10-6630 AF	THUR M. L	LOYD, FF	OSTBURG		
			Enter only one cause per					ONS	RVAL BETWEEN SET AND DEATH
		PARI I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)	Coronary Oc	clusion				Sudden
		420	DUE TO	Como	none del	erosis			
		Canditians, if any	ate couse	COPO	nary Scl	61.0312			
1		(a), stating the un							
ı	z		R SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALDISEASE CON	IDITION GIVEN IN	PART I(a)	19. WAS AUTOPSY
	CATIO								YES NO
	CERTIFICATION	20a. EXTERNAL CAUS PRIMARY ar CONT CAUSE OF DEATH.	E WAS FRIBUTING 20b. DES	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	art I ar Part It af ite	m 18.)		
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	No.		CE OF INJURY (Hame, fairy, street, office bldg., e		wn)	(County)	(State)
		21. I certify the	at I toak charge of t	he remains described aba	ve, held an Autap	sy , Inspec	ction 💢, In	quiry X	, and find that
		death resulted	from: Natural cause	es 📝 Accident 🗌, Suid	cide 🔲, Hamicia	de 🔲, Undet	ermined cause	e 🔲.	
			7 , 1	Vo+ , 1					DATE SIGNED
		SIGNATURE 2	enedict	Skilarelle	_M.D. CHIEF MEDICAL	EXAMINER			DATE STORES
		EXAMINER'S				CAL EXAMINER			
		NAME (Type) Be	nedict Ski		DEPUTY MEDICA		Februar	V/	, 1961
		REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		1	(City, town, or cau	inty)	(State)
		URIAL	2-17-61	F bg . Memori:		F'rost	Durg,	'S SIGNIATU	Md.
	23.	FONERAL DIRECTOR'S	SIGNATURE					S. Krau	
		1.11:1	will.	FROSTBURG, N	III DATE	EB 1 6 '61	-		

VS. A15ME(5) 5M 9/55

AND HELD SHALL			Service Committee
Transak Pe			
	25 CL mar C/O.	0.00	
q 6 6			
TEURON (III)	ms M. Marin. Maco		
Name and the tent of	Williams in		
		Ligardia to Bound and on their	
		Jegge a . gg	26-77-57 Tall 18

Vs. A1SME(S) 5M 9/55

MA	RYLAND ST	ATE DEPARTME	NT OF HEALTI	H-BALTIMORE,]
1389	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	

Reg. Dist. No. ()1372

a. COUNTY		2. USUAL RESIDENCE (Where deci	b. COUNTY	nce before admission)
ALLEGANY	MARYLAND	Md.	Alle	egmny
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporole limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
SACRED HEART HOSPITA	LDOA	15 National	Highway	YES NO
3. NAME OF First OCCEASED (Type or print) Or ion	Middle Robert	Long 4. DATE OF DEAT	Month	Day Year 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years IF UNDER	
Male White WIDOWED	ATA -	Dec. 11, 1894	66 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12. CITIZ	ZEN OF WHAT COUNTRY?
Retired Trucker B.	& O. Rwv.	Cumberland.	Md. U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Elmer E. Long		Mary France	s Durst	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	7-10-1410	Mrs. Orion Lon	g. LaVale.	Vd.
18. CAUSE OF DEATH [Enter only one cause per line f	or (o), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ULMONARY EDE	MA, ACUTE CARI	DIAC FAILURE	Sudden
HIX DUE TO				
Conditions, if ony, which) (b)	AORTIC STENC	SIS (RHEUMATIO	C VALVULITIS)	YEARS
gove rise to immediate cause (o), stating the underlying DUE TO				
couse lost. (c)	LEFT VENTRI	CULAR HYPERTR	OPHY, MARKED	YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES 21. NO
CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port	II of item 18.)	
Hour a.m. While		CE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	ity or town) (Cou	nty) (Stote)
21. I certify that I took charge of the re	emains described obo	ve, held an Autopsy 🔀,	Inspection \ Inquir	X, and find that
death resulted from: Natural couses	, Accident , Suid	cide , Homicide ,	Undetermined couse .	
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SIGNATURE Denedict Sk	tarelie	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S		ASSISTANT MEDICAL EXAMI	NER 🔲	
NAME (Type) BENEDICT SKITAL	RELIC, M.D.	DEPUTY MEDICAL EXAMINE	FEBRUARY	6, 1961
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOC	CATION (City, town, or county)	(Stote)
Burial 2/9/61	Restlawn Men		mberland, Md,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D 8Y REG	A to d	
H. Wayne George, Cu	mberland, M	d. DATE FEB 1	4 '61 arthur 2	P. Kraus

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		M	ARYLA	ND STATE DEP	ARTMENT OF	HEALTH		
	DIVISION OF	1390	RESEARCH (AND RECORDS,	OF DEATH	I STREET, BALTIMO	RE 1, MARYL	01373
	PLACE OF DEATH	ANY		MARYLAND	STATE	NCE (Where deceased lived, b. CC	If institution: Resident	
	CUMBERLAN	outside corporate limit giva nearest town)		3 DAYS	136	(If outside corporata limits, v	vrite RURAL and give	nearest lown)
		OSPITAL H	WICK & OSPITAL	MEMOR 194 (ross)	d. STREET ADDRES	NDERSON AVE.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Typa or print)	First	EL	N.	LONG	OF -	BRUARY 5	1961
	SEX MALE	WHITE	7. MARRIEDX	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In ye lest birthde 74 yrs	y) Months Deys	Hours Min.
100 dg	othered (ON (Give kind of work king life, even if retire		OF BUSINESS OR INDUST	CONNELLS	SVILLE, PENNA.	"	A .
)1	FATHER'S NAME GEO	RGE R. LON	G ,		14. MOTHER'S MAIDE	IE MC HUGH		
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FOR yesgive weror detesofs	CES? 16. SOC	CIAL SECURITY NO. 17.		HOSPITAL, CUME		RYLAND
	PART I. DEATH	EATH (Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (a)	causa per lina	for (a), (b), end (c).	Thom	mbosis	IN	TERVAL BETWEEN VSET AND DEATH
	420 Conditions, if any	DUE TO	13	011	arton	Darin	9	lours.
	geva risa to immedia (a), steting the un ceuse lest.	ite ceuse		1	1	2) www.		
ATION			TIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO D
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCCURE	D. (Enter neture of injury i	n Pert I or Part II of itam 18.)		
MEDICAL	20c. TIME OF INJUI Hour e.m. p.m.	RY Month, Dey, Yee	While et work		ACE OF INJURY (Home, factory, street, office bldg., e		(County)	(State)
	21. I certify the	4	at) attended	the deceased from		1960 00 2 -	, ,	that (I) (we) last ate stated above.
	22a. SIGNATURE	Mars	Me	Eliana	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. [22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	DR. W.	F. WMS			CENTRE ST. C	UMBERLAND	МО
238	BURIAL, CREMATIC BOVAL (Specify)	2 2 8 DATE THE	6/ 23	Rose Hel	Plem.	Cumber!	own or county)	M & (Stata)
24	FUNERAL DIRECTOR	S SIGNATURE	Inc.	ADDRESS Cumb.	ma DATE	FEB 9 '61 25b.	REGISTRAR'S SIGNA CLUTHUM & #	

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VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	llegany		MARYLAND	o. STATE	DENCE (WE		l. If institution b. COUNTY	499	efore admission)	35
b. CITY OR TOWN (RURAL and give to Frost	If outside corporate lime earest town)	its, write	c. LENGTH OF STAY IN 16			outside corporate li	mits, write RU		9-7-	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, ers Hospi		address)	d. STREET A		Lestown	Stree	et	e. IS RESIDENO	M?
3. NAME OF DECEASED (Type or print)	Ethel	rst	Middle	Love	it	4. DATE OF DEATH	Febru		Doy Year 24 19	6:
s. sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRT		9. AC		Months Doy	AR IF UNDER 24 ys Hours M	HRS Ain.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPI	ACE (Stote	or foreign country	-		S.A.	ITRY?
	Isaac Lo	ve			Mar		3			
15. WAS DECEASED EVI		RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addre	ess		
no				Isaac 1	Love	I	onaco	ning,	Md	
Conditions, if of gove rise to couse (o), stoting lying couse lost.	the under-	Pale	riscleratio Co	etatorie	Scl	neyoph	renie		18 mon	Th
PART II. OT	HER SIGNIFICANT COM	IDITIONS (CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERM	INAL DISEASE CON	NDITION GIVE	N IN PART 1(o	PERFORMED YES NO	D3
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in	Port I or Port II of	item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	White of wor	_ Not while _ f	PLACE OF INJURY (octory, street, office			wn)	(Coun	ty) (S	State)
	ot (1) (this hospital sed olive an te	1 -	ded the deceased fram	death accurred M.D. ATTENDIN PHYS.	d at Sp		couses and		22b. DA1	ove.
22c. PHYSICIAN'S NAME (Type)	L. Q. MII	LES	SR. M.D	22d. ADDR		CONIN	6		MO.	
23a. BURIAL, CREMATIO REMOVAL (Specify BULLA		/61	0ak Hill	or crematory Cemetery	r	23d. LOCATION	conin	g,	(Stote) Md.	
George E		L	onaconing, I	√ld.		D BY REGISTRAR 2 7 '61		TRAR'S SIGNA		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion. Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYT, AND MARYLAND ALLEGANY buriol Page b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) CUMBERTIAND 3 MONTHS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? XXX# YES NO TO 553 PATTERSON AVE. PATTERSON 5 registrar NAME OF First funeral Middle DATE Losi Month Day Year -DECEASED (Type or print) H. DEATH CHARLES LITEKIN 12 FEB. 19 67 for S. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. d fo last birthday Months Hours MALE WHTTE WIDOWED [3 to t DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? o c v 5 Field representative Social Security Maine ITSA 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Page 5 Charles H. Lufkin Clara Hubbard 960 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File (If yes, give war or dates of service) Give YES WW 004 14 9019 Mrs. Martha Lufkin Md. Cumberland PM3. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form MACERATION OF BRAIN: SHATTERED 2-3 Min IMMEDIATE CAUSE (o) DUE TO GUNSHOT WOUND OF HEAD Conditions, if ony, which 2-3 Min gove rise to immediate couse polong DUE TO (o), stoting the underlying couse lost. 0 pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY So PERFORMED? YES 🗍 NO TY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY Of CONTRIBUTING CAUSE OF DEATH. Exami pluods SELF INFLICTED GUNSHOT OF HEAD MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) writing the with hief Medical E factory, street, office bldg., etc.) While Not while 1:45 p.m. Feb. 12 19 60 of work of work Home-basement Cumberland. Aller. Md. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry Q, and find that the Chief I death resulted from: Notural couses Accident . Suicide M. Homicide ... Undetermined cause cote, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Forward NAME (Type) DEPUTY MEDICAL EXAMINER Benedict Skitarelic. M.D. February 12. cute 220. BURIAL, CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) 0 Feb. 15, 1961 Silver Lake Cemetery Bucksport, Maine

VS. A15ME(S) 5M 9/55

DEPUT

23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight

Cumberland, Md.

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthun S. Flraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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YES NO Z

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY? U.S.A.

> INTERVAL BETWEEN ONSET AND DEATH

> > 3-4 Davs

WAS AUTOPSY PERFORMED?

DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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2001	CERTIFICATE	OF	DEATH
394	CERTIFICATE	OF	DEATH

Reg. Dist. No. 1377

1. PLACE OF DEATH o. COUNTY	llegany			MAR	YLAND	2. US	STATE	DENCE (W		sed live	d. If institut		lence befo		sion)
	(If outside corporate limi	ts, write	c. LENGT	TH OF STAY	IN 16	c.				porote I	imits, write f		- 2	-	n)
Cumber						0'	7	Cuml	berla	nd					
d. NAME OF HOSE	ITAL (If not in hospital, g	ive street	oddress)			d	STREET A		DELLO	ma	-			e. IS RE	SIDENCE
OR INSTITUTION		1110												ON	FARM?
	104 Karns	AV	9,					104	Karı		Ave.			YES) NO [X]
3. NAME OF DECEASED	Fir	st		Middle	•		los	iŧ	4. DATE		Moi	nth	Do	y	Year
(Type or print)	ETHEL			ELENA		N	ALON	VE	OF DEAT	Н	Feb		2	7	1961
5. SEX	6. COLOR OR RACE	7. MARI	RIED X NE	EVER MARR	IED 🔲	B. DAT	E OF BIRT	Н		9. A	GE (In years st birthday)	IF UND			ER 24 HRS.
Female	White	WIDOW	ED 🗍	DIVORCE	ED 🗍	No	v.]	1. 18	891	10	69 yrs.	Month	Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF	BUSINESS (OR INDU					country			CITIZEN C	F WHA	COUNTRY?
Housev	rking life even if retired)	_	home					tas,				II	S.	Α.
13. FATHER'S NAME			01171	HOME		114	MOTHER'S		-	101	inu.		0.	0.	***
	Toba II D									324					
	John H. Ba							nna	Lora	1011					
[Yes, no, or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s												Cumb		
No,			None	9	Mr	. M	icha	ael .	J. Ma	1101	ne 10	4 Ka	arns	AV	е.,
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o),	(b), and (c)	.]									ERVAL B	
PART I. DI	ATH WAS CAUSED BY:		Coro	nary	000	777	sion							ET AND	DEATH
19	IMMEDIATE CAUSE (o	-	OOT O	116.1	000	- <u>- 1,</u> 0 0	71011								
	TO DUE TO			7.7		77. 0								0	
Conditions, if gove rise to		Cor	onar	y Hea	art	DIS	sease	e						0	mos
couse (o), stoting															
lying couse lost	. (c)													
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUT	TING TO DE	ATH BUT	T NOT R	ELATED TO	THE TERM	AINAL DISE	ASE COI	NDITION GI	VEN IN P	ART 1(o) 1	9. WAS	AUTOPSY
I X		E	mphy	sema									. 0		DRMED?
200. ACCIDENT V	AS UNDERLYING			W INJURY C	CCURRE	D. (Ente	r noture o	of injury in	Port I or P	ort II of	item 18.1				
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)														
20c. TIME OF INJU			NJURY OC		20e. PL	ACE OF	INJURY (Home, for	m, 20f. (C	ity or to	own)		(County)		(Stote)
Hour o.m.	19	While of wor	k Ot we	while ork	"	cioty, s	reer, office	e blog., er	.,						
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1	hat I attended the		d .m				19	, 10	5-5-6		, 19	that	l last so	ow the	deceased
alive on		, 19	01,	and that	death	n occu	rred at	1:12					the da	te stat	ed above.
	D	R									city or town,			D	ATE SIGNED
ACTUAL SIGNATURE	· Keen lo.	10	elen			M.D.	62	Gree	ene S	St.	L			2-2	8-61
		200			U.S.										
PHYSICIAN'S NAME (Type)	Ralph W.	Bal.	lin N	W.D.			Cun	nber.	land,	M	d.				
	ON, 22b. DATE THEREC)F	T220 NIA	ME OF CEN	ETERY	D CDE	LATORY.		1224 100	ATION	(City, town,				
Burial (Specific	1)													(Sto	
				, Pet	er	G P	aul'				rland		Mary		u
23. FUNERAL DIRECTO		Cumi		RESS	Ma				D BY REGI		24b. REGI				
n. way	ne George	Cum	oer 18	anu,	mu.			DATE W	IAR 2	'61	10	wither	S. The	MA	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH				ion: Residence before admission)
allegany	MARYLAND	o. STATE MARYTA	b. COUNTY	ALLEGANY
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	1		RURAL and give nearest town)
RURAL and give nearest town)		172 CUMOTEDI	ARTO	
d. NAME OF HOSPITAL (If nat in hospital, give street ac	Idress) DOA	d. STREET ADDRESS	BIND	e. IS RESIDEN
OK INSTITUTION		1 210 776	ALOTTED CALL	ON A FAR
SACRED HEART			MOVER ST.	
3. NAME OF First DECEASED	Middle	last	OF	
(Type or print) JOSEPH		MARROCCO	DEATH FE	U
S. SEX 6. COLOR OR RACE 7. MARRIE	The second secon	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Manths Days Hours A
MALE WHITE WIDOWED		10-21, 20688	1892 XX 68 Yrs	1
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most af warking life, even if retired)	IND OF BUSINESS OR INDU		- 34	12. CITIZEN OF WHAT COUN
KELLY WORKER . Ti	re Co.	Lenola, I	taly	U.S.A.
13. FATHER'S NAME TUDE DEPT.		14. MOTHER'S MAIDEN N	IAME	
Pasquale Marroc	200	Ca	roline ???	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. I	NFORMANT		dress
(Yes, no, or unknown) NO (If yes, give war or dates of service)	7-10-6625 M	rs. Filanemi	a Marrocco,	Cumberland Me
18. CAUSE OF DEATH Enter only one couse per line				INTERVAL BETWE
PART 1. DEATH WAS CAUSED BY:		. (1 -	4 .	30 ans
IMMEDIATE CAUSE (a)	vayocardi	al Inforct	100	30 mil
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Conditions, if any, which (b) (b)	142H1)		
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lying couse lost. (c)	TO DESCRIPTION OF THE PROPERTY	T 1 1 0 T 1 0 T 1 1 T 1 T 1 T 1 T 1 T 1	ALL DISCLAS COLIDIFICAL CI	VEN IN DIRECT VIVIA MARC AUTO
PART II. OTHER SIGNIFICANT CONDITIONS CO	DNIKIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	PERFORME
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20a. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Port II af item 1B.)/	
	6,	LACE OF INJURY (Home, farm octory, street, office bldg., etc.		(County)
Hour o.m. p. m. 19 While of work	IAOL MULIE	,,,	7	
21. 1 certify that (I) (this haspital) attende	d the deceased from) 11 May 10	54 to Feb	. 19/a/ that (I) (we)
saw the deceased alive on 2-14			D .	nd an the date stated ab
22a. SIGNATURE	/ dila iliai	deall decorred dry	m, nam me causes a	22b.DA
Willen & James		M.D. ATTENDING ME	ED. STAFF PHYS.	al sic
22c. PHYSICIAN'S	1, wil)	22d. ADDRESS	KECTOR EL TATO.	42214
NAME (Type)	0		116.1.16 1	0. 0. 0. 0. 0
DR. W. IAME		9 91	n Cannes	Misaklillian and
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town,	
Burial 2-20-1901		k's Cemeter		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		ED - 4 104	ISTRAR'S SIGNATURE
James F. Scarpelli, Cur	mberland, M	DATE F	EB 2 4 '61	Bothus S. Kraus

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has be refer the hospital ar attending physician.

D FUNERAL MECTOR: After this certificate has been signed by the attending physician ond campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. TO FUNERAL

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t in haspital, gi			rt	,	d. STREET ADDRESS	estern	port				IDENCE FARM?
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2.1	7. MARR		IEVER MARRIED DIVORCED [-	B. DATE OF BIRTH April 15,18	91	9. AGE (In years lost birthdoy) 69 yrs.	IF UNDE Manths	R 1 YEAR Days	Haurs	Min.
kind of work d even if retired)			BUSINESS OR I	INDUS	STRY 11. BIRTHPLACE (Stot		country)		TIZEN OF		OUNTRY
					14. MOTHER'S MAIDEN Dora Spu						
ARMED FORCE		SOCIAL S	SECURITY NO.		rformant .zzie Mayhew-	R.D. 1	Add -Western	-	Md.		
er only one cou CAUSED BY: IATE CAUSE (a)		e for (o)	(b), and (c).	ra	Homer	-hugs	2		INTE	RVAL BE ET AND	

Circhar S. Thous

	1200		CERTI	FICATE	OF D	EATH				0	137	10
1. PLACE OF DEATH a. COUNTY	legany		MAR	YLAND 2		DENCE (Whe	ere deceased	lived. If instituti b. COUNTY	Alle	nce befor	re admiss	ian)
b. CITY OR TOWN (I RURAL and give no RURAL Weste	f autside carporate limi earest town) rnport	ts, write c. L	69 Yrs		-		utside carpora	ate limits, write R	RURAL and	give neo	irest tawr	.)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g. Mi.N. of				d. STREET A		sternp	ort				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Pat	st Ryn	Middl Middl		yhew	it	4. DATE OF DEATH	Feb.	nth	18	,	Year 196 1
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [April			O. AGE (In years lost birthdoy) yrs.	IF UNDE Manths	R 1 YEAR Days	Haurs	R 24 HR Min.
10a. USUAL OCCUPATION during mast af work Miner	ON (Give kind of work king life, even if retired	1	OF BUSINESS	OR INDÚSTR		ACE (State of	ar fareign cou	untry)		IZEN OF		OUNTRY
13. FATHER'S NAME James Ma	yhew				Dore	MAIDEN N						
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO			hew-R	.D. 1-	Western	port,	Md.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		(0), (b), and (c)	brd	Hom	orri	Luge			ONS	RVAL BE ET AND	TWEEN DEATH OUP
Conditions, if a gove rise to i cause (a), stoting lying couse last.	mmediate (Arto	rio-50	claros	is du	2 Hy	ports	ensian		10	Ye	US:
_) (c HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO D	EATH BUT NO	OT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS PERFO YES	RMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY	OCCURRED. (Enter nature o	of injury in P	ort I or Port	Il af item 1B.)				
Y 20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	While	Y OCCURRED Nat while at wark	20e. PLACE foctor	OF INJURY y, street, offic	Home, form, e bldg., etc.	20f. (City	ar tawn)		(County)		(Stat
saw the deceas	et (1) (this haspital	op 31	11		Tin.			the causes ar	, 19.6 nd an th			
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22c. PHYSICIAN'S	Vault	KNI	com	M.[22d. ADDR	A DIF	RECTOR [STAFF PHYS.	Fe	8.2	0,170	el
22c. PHYSICIAN'S NAME (Type)	Paul R	KWi Wi	Ison	M.D.	22d. ADDR	A DIF	dma	nt W	Va	8.2		<i>Q</i>
22c. PHYSICIAN'S			SON ISON NAME OF CEA	M.D.	22d. ADDR	A DIF	dmo		Va. ar caunty)	6.2	(Sta	(e)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.

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	DIVISION O	F STATISTICAL		AND STATE DE	, 301 W. P		LTH ET, BALTIMO	RE 1, MAR	YLAND	81
1.	PLACE OF DEATH	LEGANY		MARYLAND	a. STATE	MARYLAND	re deceased lived, If b. COUN		ence before a	dmission)
		JMBERLAND		LENGTH OF STAY IN 16	02	CUMBERLAN	corporeta limits, write	RURAL and giv		Say.
	MEMORIAL MEMORIA	AL & WARWI				214 ARCH	STREET		YES _	A FARM?
3.	NAME OF DECEASED (Type or print)		JRRAY	Middle	MILLER		TH FEBR	RUARY 2	1 19	61
p.	MALE B. USUAL OCCUPATION	6. COLOR OR RACE WHITE	WIDOWED [] DIVORCED [DEC. 5,	1881	9. AGE (In yeers lest birthday) 79 yrs.	Months Days		Min.
R	etired Ro	king life, even if retire	d)	tate Road	Comm .RM	PENNSYLV	ANIA dford Va	U.S		OUNIKT
		ES MILLER	CES? 16. SOC	IAL SECURITY NO. 17.		SARAH	Gordon			
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CERTIFICATION	PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)	S UNDERLYING []		UTING TO DEATH BUT NO				'EN IN PART 1(e)	PERFC	NO E
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.		While et work		ACE OF INJURY (story, street, office		(City or town)	(County)		(Stete)
		Menul	11-51	7	ATTENDIN PHYS. 22d. ADD	MED.	STAFF	and on the	that (I) (date state	we) last d above. / DATY SIGNED
23	Burial, CREMATIC REMOVAL (Specify) Burial	2-24-6		ellowship		Ce	entervil	Le,Pa.		tete)
24	James F.	Scarpell	i Cu	mberland,	Md.		'61 25b. REG	Chun S. Ki		

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JANES MILLER

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

a. COUNTY 1 and b. COUNTY 1 1 1 and	dmission)
a. county Allegany Maryland b. county Allegan	У
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	town)
Cumberland 65yrs Cumberland, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. I	RESIDENCE
	NO X
3. NAME OF First Middle Last 4. DATE Month Day OF	Year
(Type or print) Michael P. Moran DEATH Feb. 6	1961
Las Scalains	NDER 24 HRS.
Male White WIDOWED DIVORCED July 23, 1874 86 yrs. Manths Doys Hou	m Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WH during most of working life, even if retired)	AT COUNTRY
Retired Maintenance Textile Elk Garden, W. Va. USA	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Daniel J. Moran Mary Morrissey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(16 yes, give wor or dates of service) Mrs. James T. King, Cumberland, Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	TWEEN
PART I DEATH WAS CAUSED BY	DEATH
100	den
Conditions if any which) as Coronary Sclerosis	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
couse lost. c)	C ALITABOU
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, W. PEL	FORMED?
YES [] ио 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W. PEI 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County)	(Chata)
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While of work of wo	(State)
21. I certify that I took charge af the remains described above, held an Autapsy , Inspection , Inquiry , an	d find that
death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .	a ma
1) /	
SIGNATURE Denedict Skitabelia M.D. CHIEF MEDICAL EXAMINER []	E SIGNED
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Domodical City Line 73 - N. D.	1961
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (5	tate)
Burial 2-11-1961 SS.Peter & Paul Cemetery Cumberland. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
James F. Scarpelli, Cumberland, Md. DATE FEB 9 '61 arthur S. Kraus	

VS. A15ME(5) 5M 9/55

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s:	CERTIFICATE OF DEATH		
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or removal. VS. A15ME(5) 5M 9/55

				STATE DEPART						Dist. No.	02	556
	PLACE OF DEATH COUNTY CITY OR TOWN (III	Allogany outside corporate fimits, write	RURAL	MARYLA		2. USUAL RESIDENCE (* o. STATE c. CITY OR TOWN (I	rylen	b. COUNT	ution: Resi	dence befo	gany	r
	Cumberlan	d		Life		Cumberla		Md.	07	na give in	W. 431 10	
•	512 H111		If nat in ho	spital, give street address)		d. STREET ADDRESS 512 Hill St		MIX.	1		ON	SIDENCE FARM?
	NAME OF DECEASED (Type or print)	Fin Jo ł		Middle Morgan		Lost	4. DATE OF DEATH	Mont		Day 27	Ye	or 6T
5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	3. 8	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDE	R TYEAR		R 24 HRS
	Male	Colored	WIDOWE	D DIVORCED		?		82 ? yrs.	Months	Days	Hours	Min.
-	USUAL OCCUPATION We work of workin Handyman FATHER'S NAME	DN (Give kind of work of g life, even if retired)	dane 10b.	Self		Cumberls 14. MOTHER'S MAIDEN	nd Md		12. CI	TIZEN OF	S. A	
	In	NKNOWN					NKNOW	M				
15. {Yes	WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	7. INF	ORMANT	MANON	Address	S TEV			
	3			?	Mr	. Ramond Pa	rker.	512 Hill	Stre	et.	Cumb	. Mo
	Conditions, if are gave rise to immed (a), stating the cause last.	inderlying DUE TO	Chr	ulmonary Ede	iti	8.					Year	8
CERTIFICATION	-		DITIONS C	erioscleroti	UT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PA		Year . WAS A PERFOR ES	UTOPSY
ERTI	PRIMARY OF CON CAUSE OF DEATH.	SE WAS	D. DESCRIB	E HOW INJURY OCCURRE	D. (Ent	er nature of injury in Par	t I or Part II	af item 18.)				
MEDICAL C	20c. TIME OF INJUR Hour a. m. p. m.	Month, Day, Yea	While	e Nat while	PLACE factory	OF INJURY (Home, farm, street, affice bldg., elc	20f. (Cit	y or town)	(Co	ounty)		(State)
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE B. ENERGY DATE SIGNED											
	EXAMINER'S NAME (Type)	Senedict Sk	itare	lic, M. D.		ASSISTANT MEDIC DEPUTY MEDICAL			ry 27	7. 19	61	
	BURIAL CREMATION	8/9/6	-	county	27	em.	22d. 19CA	mhorts	county	,	(State)	l
23.	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS	7	240. REC	D BY REGIST	- ora		GNATURE		101

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TO DEPUTY, MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	fice	5	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar and 10 burial creatation,	-
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VS. A15ME(5) 5M 9/55

MEDICAL EXAMINER'S CERTIFICATE		MORE,	18					
	E OF DI	EATH	Rog. Dist.	138	3			
1. PLACE OF DEATH 2. USUAL RESIDENCE (Who	nere deceased liv			ofore admis	sion)			
Allegany MARYLAND G. STATE Maryla	and	b. COUNT	Alleg	ny	100			
b. CITY OR TOWN [If outside corporate limits, write RURAL ond give nearest town) c. CITY OR TOWN (If as	outside corporate	e limits, write			n)			
Cumberland DOA La Val	le			100				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Memorial Hospital 1 Long Dri	ive			ON	SIDENCE FARM? NO E			
3. NAME OF First Middle Last 4.	DATE OF	Month	h Day	Ye	ar			
(Type or print) ROBERT CHARLES MORRIS	DEATH	Februa	ary 3	19	61			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. A	GE (In years I birthday)	Months Days	IF UNDE	R 24 HR			
Male White WIDOWED DIVORCED January 27, 19	901	60 yrs.	Monins Days	Hours	win.			
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or during most of working life, even if retired)	r fareign country	y)	12. CITIZEN C	OF WHAT	OUNTR			
School Teacher Public School Mt.Savage.			US	A				
13. FATHER'S NAME	ME							
Charles Robert Morris Elizabet	th Lewis	3						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown]		Address						
Yes WW 1 Mrs. Robert C.	Morris.	1 Lor	ng Dr.	[aVal	e. M			
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCI, US TON		Sudde	n					
DUE TO								
Conditions, if any, which) (b) Coronary Sclerosis with Throm	nbosis							
gave rise to immediate cause (a), stating the underlying DUE TO								
cause last. (c)								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	ALDISEASE CO	NDITION GIV	EN IN PART 1(0)	19. WAS A	UTOPSY			
Y				YES 🔃	NO I			
<u> </u>	or Port II of ite	m 18.)			140 [
W 200 EVTERNAL CAUSE WAS 200 DESCRIPT HOW MILLIPLY OCCUPAND TO 1					140 [
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					ПОП			
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 CAUSE OF DEATH.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,	20f. (City or to	own)	(County)					
20a. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter nature of injury in Part 1 CAUSE OF DEATH.		own)	(County)					
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 CAUSE OF DEATH.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,	20f. (City or to	own)), and f	(Slote)			
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20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 20c. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 20c. TIME OF INJURY Hour a. m. p. m. 19 While Not while at work 20c. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident , Suicide , Hamicide ACTUAL ACTUAL	20f. (City or to	ctian 🖼,	Inquiry &), and f	(Stote)			
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20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 PRIMARY or CONTRIBUTING 20c. PLACE OF INJURY (Home, form, fociary, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fociary, street, office bidg., etc.) 21. I certify that I taak charge of the remains described abave, held an Autopsy death resulted fram: Natural causes Accident Suicide Hamicide ACTUAL SIGNATURE SIGNATURE SENEDICT SKITARELIC DEPUTY MEDICAL EXAMASSISTANT MEDICAL EXAMAME (Type) BENEDICT SKITARELIC DEPUTY MEDICAL EXAMAME (Type) 22c. BURIAL CREMATION. 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12c. NAME OF CEMETERY	20f. (City or to	ctian 📆, ermined c	Inquiry (£ cause].	DATE SI	(Slote) ind the			
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20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 PART 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, fociary, street, office bidg., etc.) 21. I certify that I tack charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident Suicide Hamicide ACTUAL SIGNATURE BENEDICT SKITAREIJC DEPUTY MEDICAL EXAMONE (Type) BENEDICT SKITAREIJC DEPUTY MEDICAL EXAMONAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22c. NAME OF CE	20f. (City or to	ctian , ermined c	Inquiry (£ cause].	DATE SI	(Slote) ind the			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

)	1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where de O. STATE MARYLAI	ND b. COUNTY ALL	before admission) EGANY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) FROSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside FROSTBI	corporate limits, write RURAL and giv	e nearest town)
1	d. NAME OF HOSPITAL (If nat in hospital, give street of OR INSTITUTION MINERS HOSPITAL	address)	d. STREET ADDRESS 264 E.	MAIN ST.	e. IS RESIDENCE ON A FARM? YES NO
\	3. NAME OF DECEASED (Type or print) ANNA	Middle BEATRICE	MYERS 4. D.	ATE Manth FEBRUARY	27, 19 61
	S. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOWE		B. DATE OF BIRTH JULY 25. 1895		YEAR IF UNDER 24 HRS. ays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				S.A.
	THOMAS A. CAUDILL			NN FRENCH	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		iformant RRY MYERS. FI	Address ROSTBURG. MD.	
	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	Carcino	tes melli	tus SEASE CONDITION GIVEN IN PART I	FOR THE PROPERTY OF THE PROPER
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e. PL	D. (Enter noture of injury in Port I o		YES NO
	Hour o.m. While	Not while for at work	ctory, street, affice bldg., etc.)		
	21. I certify that (I) (this haspital) attend saw the deceased alive an Shelf	- 10 / 1	MI -	ta TIEB2), 1967 from the causes and an the	date stated abave.
/	22c. PHYSICIAN'S NAME (Type) JOHN B. DAV:	3. Davis, 15, M. D.	M.D. ATTENDING MED. DIRECTO		22b. DATE SIGNED 2/EX
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL 24. FUMERAL DIRECTOR'S SIGNATURE	ECKHART CE ADDRESS FROSTBURG, M	METERY 2Sa. REC'D BY R	ECKHART MD REGISTRAR 2Sb. REGISTRAR'S SIGN 761 Calling 1	NATURE

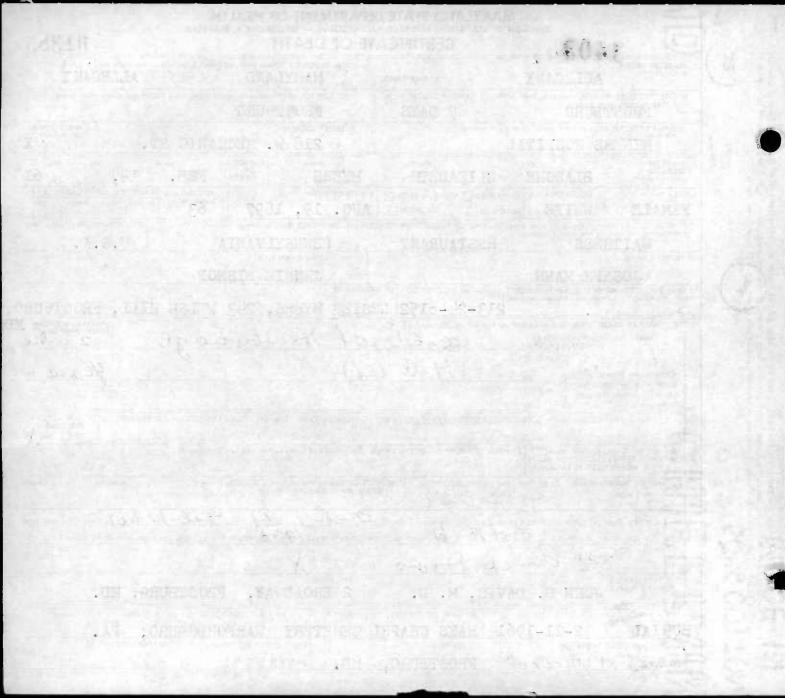
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	403		CERTI	IFICA	TE OF DEA	TH				0	1385
o. COUNTY	ALLEGANY		ма	RYLAND	2. USUAL RESIDENCE O. STATE MAR	E (Where de YLANI	ceased lived. b.	If institution		LEGAN	
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STA		c. CITY OR TOWN	N (If outside STBUR		ts, write RI	URAL ond g	give nearest	town)
d. NAME OF HOSPIT OR INSTITUTION MINE	RS HOSPIT		oddress)		d. STREET ADDR		ŒCHAN	IC S	T.	0	RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	BLANCHE		LIZABETH		MYERS	4. D O D	3	EB.	19	Day	Yeor 19 6]
FEMALE	6. COLOR OR RACE WHITE	7. MARR		CED	AUG. 19,	1897	9. AGE lost b	(In years pirthdoy) yrs.	Months		INDER 24 HRS
	king life, even if retired)	KIND OF BUSINESS ESTAURAN		JSTRY 11. BIRTHPLACE PENN	(State or fore				S.A.	AT COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
JOSI	EPH MANN					NIE E	BISHOP				
5. WAS DECEASED EVE Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY N		NFORMANT			Addi	ress		
		21	3-24-61	52 L	ESTER MYE	RS, 2	243 WE	LSH	HILL		STBU
	ATH [Enter only one co	use per li	ne for (o) (b), and ((0).]	000	1	0	^		ONSET A	L BETWEEN
Conditions, if o gove rise to i couse (o), stating lying couse lost.	mmediate ()	H	CL	00		W 1000	9		yeo	us -
PART II. OTH		-	ONTRIBUTING TO I	DEATH BU	T NOT RELATED TO THE	TERMINAL D	ISEASE COND	ITION GIV	EN IN PAR	PE	AS AUTOPSY REFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	ED. (Enter noture of inju	ury in Port I	or Port II of ite	em 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	or 20d. II While at wor	Not while to work		LACE OF INJURY (Home actory, street, office bld		F. (City or town	1)	(0	County)	(Stote
21. I certify the	nt (1) (this haspita sed alive anS	1) attend			death accurred at		tafram the co		/		
220. SIGNATURE	John	uk	3. Dav	io	M.D. ATTENDING PHYS.	MED. DIRECTO	OR STAF	F			22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	JOHN B.	DAVI	s, M. D	•	22d. ADDRESS 2 BROA	DWAY,	FRO	STBU	RG,	MD.	
3a. BURIAL, CREMATIC BURIAL (Specify)	2-21-1			HAPE			ARFORD	SBUR	lG,	PA.	(Stote)
24. SUNSKAL DIRECTOR	SSIGNATURE	X	FROSTBI	URG.		REC'D BY	registrar 3 '61		STRAR'S SIG		



funeral the d 2 Ξ. within hours completely papers. executed 72 carbon with and event, certificate physician remove please death ding aften Then 4 signed by burial-transit peen has certificate ha buri 0 hospital 0 prior etached for the After P may be retain DIRECTOR: O pe plnods State director, page be filed with th TO HOSPITA death. Pa TO FUNERA

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporete limits c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OF INSTITUTION IN THE MORIAL HOSPITA in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOY HENDERSON 3. NAME OF DATE DECEASED OF PAUL H_ NELSON 19 61 (Type or print) DEATH FEB. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH 62 yrs. Months Hours Davs MALE WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boilermaker Helper Railroad U.S.A. MIDLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET XXXXXX BUSKIRK PATRICK NELSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service CUMBERLAND. 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO Conditions, if eny, geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m.

MEDICAL

at work n.m

....., and that death occured 200 220. SIGNATURE

MED ATTENDING PHYS. DIRECTOR 22d. ADDRESS

SIGNED

PHYSICIAN'S NAME FYDe) RICHARD BURIAL, CREMATION, | 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

SS. Peter & Paul Cemetery

ST., CUMBERLAND, MD 23d. LOCATION (City, town or county) Cumberland,

from the

STAFF

PHYS.

(Stete

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

FEB 2 8 '61

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland, Md.

CHREENLAND SAME SYAR 8 ANALYSIAND

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE MARYLAND b. COUNTY ALLEGANY	1)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give magest lown) FROSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ST. ST.	address)	d. STREET ADDRESS 157 FIRST ST. e. IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print) MARY V	Middle IRGINIA		61
S. SEX 6. COLOR OR RACE 7. MARK FEMALE WHITE WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH DEC. 10, 1905 9. AGE (In years last birthday) 55 yrs. IF UNDER 1 YEAR IF UNDER Manths Doys Hours	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 13. FATHER'S NAME JOHN H. WAGNER	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME CAROLINE JONES	UNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		LORIAN NICKEL, FROSTBURG, MD.	
PART I. DEATH WAS CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS	ancer of s	atoris from algorithm (19) 19. Was at 1 Yes (19) 19. Was at 1900 19. Was at 19	196 UTOPSY MED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e. PL	RED. (Enter nature of injury in Port I or Port II of item 18.) PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (actory, street, office bldg., etc.)	(State)
20c. TIME OF INJURY Manth, Day, Year Pour North Hour o. m. 19 While of wor 21. I certify that (I) (this haspital) attends as we the deceased alive an Pour 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) THOS. F. LEW.	ded the deceased fram.	death occurred atM, from the causes and an the date stated of 1925.	DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 3-1-1961 24. FUNERAL DIRECTOR'S SIGNATURE	F'BG. MEMO ADDRESS FROSTBURG,	DRIAL PARK FROSTBURG MD. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	

27 1 omersely is a series of the series of the THE REPORT OF The transmit of the state of th 22.00 (2004年,21. · 2007年) (2007年) (20 C.A.S.U. MARKET COMMENT OF STREET WAS A STREET OF STREET HISTORY OF THOSE THE SHOP SOME TRUE IN THE PROPERTY OF THE PARTY OF THE PA A CONTRACT OF THE STATE OF THE

may be rether a by the haspital ar attending physician.

D FUNERAL CARECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in ony event.

TO FUNERAL D. TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1406	ION OF	STATISTICAL RESEAR CERTIFI		OF DEA		MARYLAND		013	388			
	LACE OF DEATH	legany		MARYL		o. STATE Mary		sed lived. If institut b. COUNTY		ence befo		ion)		
Ь	CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
	RURAL ond give	mberland				Cumbe	rland	(25					
d	or institution 523 Fort		give street	oddress)		d. STREET ADDRES	ort Ave	nue	1		o. IS RES ON A YES	FARM?		
3. N	IAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE		nth	Da	у	Veor		
	Type or print)	AMOS		ALVIN	PER	DEW, SR.	OF DEAT	H Feb.		18,		1961		
5. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. (DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDE Months		-	ER 24 HRS		
	Male	White	WIDOW	ED DIVORCED	D A	pril 22,	1894	66 yrs		Days	Hours	Min.		
10a.	USUAL OCCUPAT	ION (Give kind af work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (S	State or foreign	country)	12.CI	TIZEN OF	WHATC	OUNTRY		
Re		tal Clerk		ostal		Maryl	and			USA				
13. 1	FATHER'S NAME					4. MOTHER'S MAID	EN NAME							
	I.A	WSON PERDEN	Į.			MARY	AGNES	DTEHL.						
15.	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO				dress	1				
Yes	No No unknown)	(If yes, give war or dates of	service)		Mr	s. Amos P	erdeu	523 Fort	Ave	Cam	nb. 1	63		
	1B. CAUSE OF DE	ATH [Enter only one o	ouse per li	ne for (o), (b), and (c).]			0= 00 11 1	2-2 4-2		LINT	ERVAL BE	TWEEN		
		ATH WAS CAUSED BY:	7	anna	Cond	In Fa	ulmo			100	TAND	- 1		
	430	IMMEDIATE CAUSE (1								my	7		
	Carallel and 16		as.	Pour low	tu	Color	rosku	la Diso	n	17	ue.	on		
	Conditions, if gove rise to	immediate)	0000000		CULTURE					0			
	couse (a), stating lying cause last	.) (,	broseless youdeal.										
CATION	PART II. O'	THER SIGNIFICANT CON	NDITIONS	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE T	ERMINAL DISEA	ASE CONDITION GI	VEN IN PA	RT 1(0) 1	9. WAS	AUTOPSY RMED?		
											YES 🗌	NO 🖟		
CERTIFI	20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of injur	y in Part I or P	art II of item 1B.)						
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	10	While			OF INJURY (Home, y, street, office bldg.		ity or tawn)		(Caunty)		(State		
	21 certify th	at (1) (this haspita	l) attend	ded the deceased f	rom 28	October	1954 to	18 Februa	ry 19	61 th	at (1) (we) la		
	saw the deced			1, 19 61, and 1										
	22a. SIGNATURE	4		6	nar aca	III OSCOTICO OF		THE COUSES OF	011	10 date	221	b. DATE		
	N	alhod'	Vm	Ome	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2	UK	4.10	SIGNE		
	22c. PHYSICIAN'S	700			-	22d. ADDRESS	DINEETON E	, ,,,,,,			CC			
	NAME (Type)	W. Alfred	l Van	Ormer M T	,	S. Cen	tre St.	Cumb.,	Md.		2-20	-67		
230	BURIAL, CREMATI	ON, 23b. DATE THERE	OF.	23c. NAME OF CEMET	FRY OR C			ATION (City, town,		1	(Stot	(a)		
	REMOVAL (Specif	y)					0	berland,			(3101	-,		
	Purial FUNERAL DIRECTO	2-20-6]	14	Hillcrest	DUI'l		REC'D BY REG		ISTRAR'S	SIGNATU	RE			
	OHN J. HA		IMBER	LAND, MD.										
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CEPTIFICATE OF DEATH

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1. PLACE OF DEATH			MARYLA		JSUAL RESIDEN	CE (Whe	ere deceased l	lived. If institution b. COUNTY	on: Residence	before ac	fmission)
	egany				1	Md.				gany	
RURAL ond give	70 3	ts, write c. L	ENGTH OF STAY IN	1b	1			te limits, write R	URAL ond gi	ve nearest	town)
Cumber			Days	-			erland				
or institution	1 1		ess)	1	d. STREET ADDE					0	RESIDENCE
					7100		nsylva	24-24			
B. NAME OF DECEASED (Type or print)	Fir	lford	Middle A •		Pirke		4. DATE OF DEATH	Feb	ith	Day	Year 1967
S. SEX	6. COLOR OR RACE			D B DA	JE OF BIRTH	71	9	. AGE (In years	IF UNDER 1	YEAR IF L	INDER 24 HE
Male	White	WIDOWED [Angust	: 29	1885	lost birthdoy) 75 yrs.			ours Min
0a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND	OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	(Stote o	or foreign cou	ntry)		EN OF WH	IAT COUNTR
Retired	rking life, even if retired Conductor	Rai	lroad		Rockin	ngha	m Cou	inty, Va	•	II.S. A	
3. FATHER'S NAME				14.	MOTHER'S MA	IDEN N	AME				
	(I) It	TD *		10/15	D . 1.		D				
S WAS DECEASED EN	Charles H.	CESS LA SOCI	AL SECURITY NO. T	17 INFOR		ecca	Britt	Add	ratt		
(Yes, no, or unknown)	(If yes, give war or dates of s		AL SECURITI NO.	I/, INTOR/	Danghi	ton	Miss	Audrev		rev	
IR CAUSE OF D	EATH [Enter only one co	use per line for	(a) (b) and (c)]					-			L BETWEEN
	ATH WAS CAUSED BY:		,		_ ^						ND DEATH
25	IMMEDIATE CAUSE (o		work			_				_5	a sand
753	DUE TO		refre	0			1				1
Conditions, if	ony which	. Ce	retire	L_	1/2	252	nte	tes		7	de
gove rise to	immediate	,									-
couse (o), stoting											
lying couse los	<u>.</u> (c)									
PART 11. O	ther significant con	DITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPS ERFORMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (En	ter noture of in	jury in Po	ort I or Port I	l of item 18.)			
20c. TIME OF INJU	. 10	While	Y OCCURRED 20 Not while of work		OF INJURY (Hom street, office blo			or town)	(Co	ounty)	(Sto
	nat (I) (this haspital	attended 1	the deceased fr	am St	de 1,	194	6/ .to =	Frak 6	1960	/ that	(I) (we) la
saw the dece	at the same of the		19 6 and th			it	M, fram t	he causes an	d on the	date sto	ated abav
22o. SIGNATURE	ner 9	Lu	nett	M.D.	ATTENDING PHYS.	∟ ME		STAFF PHYS.		-	22b DATE SIGN
22c. PHYSICIAN'S NAME (Type)	1 - 6	70		m.b.	22d. ADDRESS	5 11	//	100	_/.	7	0
1.7707		Dr. C	Durrett		25	61.	K. LLL	,		The state of the s	186
23a. BURIAL, CREMAT	ION, 23b, DATE THEREC		. NAME OF CEMETE	RY OR CRE	MATORY		23d. LOCATIO	ON (City, town,	or county)		(Stote)
Burial Specif	2-9-196		lillcrest			ark	0 .	erland			(5.0.0)
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25	a. REC'D	BY REGISTR	AR 2Sb. REGI	STRAR'S SIG	NATURE	
James F.	Scarpell:	i, Cum	berland,	Md.	DA	ATE	0.4.4.1				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rether a by the hospital or attending physician.

TO FUNERAL ORECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be fitted with the State Board of Health priar to burial, crematian, or remayal, and in ony event, within 72 hours after death. VR A15 (4) 1SM 9/S9

The line County The philippedianal place in the state of the Tolk abusin date . Labouran . Il ta-

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEAT the d MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) CUMBERLAND DAYS CUMBERLAND within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS MEMORIAL HOSPITAL completely 3. NAME OF Middle DECEASED (Typa or print) HAROLD DEATH A. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH and WIDOWED [DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY remove dona during most of working life, even if retired) FREDERICK, MARYLAND Boilermaker Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending DENNIS POWELL CORA THOMPSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] IMMEDIATE CAUSE (a) geve risa to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH etached for ealth Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Not While fectory, street, office bldg., atc.) While Hour e.m. et work et work Leen S saw the deceased alive on. may b 22a. SIGNATURE OR ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNER. NAME (Type) death. TO FUN 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) di. Hillcrest Burial Park Feb. 9. 1961 Burial

2. USUAL RESIDENCE (Whare decaased lived, If institution: Residence before admission) ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES NO Y 19 FEBRUARY 61 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND. ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from Dec 1, 1959, to Feb. 6, 1961, that (I) (we) last 19.6/, and that death occurred at.1.35, Abm the causes and on the date stated above. 22b. DATE SIGNED PHYS. 122 S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) Cumberland. 25m, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Byron Kight. Cumberland. Md. arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60

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JATTOSON EMISSON

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CHARGOS OF MICRIAL ROSPITAL, CUMBERLAND, 10974 ALD.

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122 S. CENTRE S., CHUTCHIAM, M.

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VS. A1SME(5) SM 9/55 Reg. Dist. NJ) 1391

a. COUNTY				2. USUAL RESIDENCE		ed lived. If institu		e before admission)
b. CITY OR TOWN (III	legany	a PURAL	c. LENGTH OF STAY IN 16	Mary			All	egany
and give nearest fown)				c. CITY OR TOWN			KUKAL and g	ive nearest town)
d NAME OF HOSPITA	Savage,	Md.	50 Yrs	Rt. 1	Mt. Sar	vage		e. IS RESIDENCE
At h		ir not in nosp	olidi, give street address)	d. STREET ADDRESS				ON A FARM? YES NO
3. NAME OF DECEASED	Fir	at	Middle	Last	4. DATE OF	Month		Day Year
(Type or print)	WALTER		GARFIELD F	ROBERTSON	DEATH	Februar	y 7	1961
5. SEX	6. COLOR OR RACE	7. MARRIE	D MEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER TY	
Male	White	WIDOWED	DIVORCED [May 4, 1880		last birthdoy) 80 yrs.	Months Do	nys Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done Sal	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	le or foreign o	ountry)	12. CITIZE	N OF WHAT COUNTRY
Retired agei			st Co. Balto.	Ocean, M				USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
David	1 Robertson	n		Vic	toria 1	Richardso	n	
15. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. II	NFORMANT		Address		
No		21.	4-03-3817 M	cs. W.G.Robe	rtson,	Rt.1, Mt	. Sava	.ge, Md.
18. CAUSE OF DEAT	H [Enter only one can	se per line fo	or (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	P	ULMONARY EDEMA	A; ACUTE CAR	DIAC F	AILURE	200	SUDDEN
1 422	DUE TO							
Conditions, if an	y, which) (b)		CHRONIC MYOCA	ARDITIS			100	
gave rise to immedi (a), stating the u	iote couse		677707776					
couse last.	(c)		CHRONIC AS:	CHMA				YEARS
PART II. OTHI	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINALDISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY
3								PERFORMED? YES NO 🔀
PART II. OTHI	SE WAS TRIBUTING 20	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Pa	ort I or Port II	of item 18.)		
3 20c. TIME OF INJUR	Y Month, Day, Yea	or 20d. IN	IJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m, 20f. (City	or town)	{Count	y) (Stole)
20c. TIME OF INJURY Hour a. m. p. m.	19	While at war	Not while facto	ory, street, affice bldg., et	c.)			
	ot I took charge		emains described obo	ve, held on Auton	sy 🗆 Ir	spection 🔯,	Inquiry	K, and find that
			, Accident , Sui			determined c		EL, did ind indi
	1	()	, ,	, Tronnero	, or			
ACTUAL SIGNATURE	Lenedic	ty	extarelic)	_M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S NAME (Type)	ENEDICT SK	ITAREL	JC	DEPUTY MEDICAL		_		2/7/61
220. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREC)F 2	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o	r county)	(State)
Burial	2/9/61		Frostburg Memo	orial Park	Fro	stburg. N	arylar	d
23. FUNERAL DIRECTOR'S			ADDRESS	24a. REC	D 8Y REGIST	RAR 24b. REGIS	TRAR'S SIGN	
John J.	Haffer, Cum	berlan	d, Maryland	DATE	FEB 1 4	'61 C	Lithur 9	#

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ong estimation na			0.55	12
		of Market Mich	OF STATE OF	Marie Del
				No. (mile)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidance bafora admission) a. COUNT a. STATE b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva naarest town) DAYS CUMBERLAND. E -d. NAME OF HOSPITAL OR INSTITUTION POPT (KSP 201, MEMOR 144 255 d. STREET ADDRESS 100 PENNA AVE. HOSPITAL AVES. letely 3. NAME OF 4. DATE Middle DECEASED OF WILLIAM M. ROOT FEBRUARY (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | 8 birthday) pue Months MALE WIDOWED DIVORCED certificate 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY Stata, or foraign country) physicia dona during most of working lifa, even if ratirad) THOMAS, WEST VIRGINIA Lumberman Lumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ affending DAVID E. ROOT MARGARET CLOSE Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas give war or datas of servica) removal No. MEMORIAL HOSPITAL. CUMBERLAND. MD. the 18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate CERTIFICATION Se 0 use POL 20b. DESCRIBE HOW/INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING d for OR CONTRIBUTING CAUSE OF DEATH this MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar factory, street, office bldg., etc.) Hour a.m. at work at work 19 may be retained DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from....... /., and that death occured a the causes and on the date stated above. 22a. SIGNATI ATTENDING STAFF PHYS. DIRECTOR PHYS. death. Pacific FUNERAL. director, page be filed with t 22d. ADDRESS 22c. PHYSIGIAN NAME (Type) DR. WEISMAN 59 GREENE ST. CUMBERLAND, 10. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Thomas. W. Va. 0 Hill Cemetery Burial Rose 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Cumberland, Wayne George Md. arthur S. Krous 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

69 Tare

PERFORMED:

19 (we) last

(Stata)

SIGNED

(Stata)

12. CITIZEN OF WHAT COUNTRY?

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(County)

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OR WELCH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1411

1	. PLACE OF DEATH					IDENC	E (Where decee		tution: Reside	ence before admission)
	a. COUNTY		3 0		e. STATE		2	b. COUNTY		
-	Allegs	ny foulside corporete limi	An .	MARYLAND c. LENGTH OF STAY IN 16	Ma CITY OF TO	ryl	and outside corporet	a limita vusita PI	Alle	gany
		give neerest town)	15,	c. LENGTH OF STAT IN IS	e. CITT OR TO	2 AA 1.4 (11.	outside corporei	e iimiis, write KC	IKAL end giv	e neerest town)
	Frostbur	· or		2 Wks.	LaV	ale				
	d. NAME OF HOSPIT	AP OR INSTITUTION (if not in hos	pitel, give streel eddress)	d. STREET ADD	DRESS				e. IS RESIDENCE ON A FARM?
	Miners H	lospital			913	Na	tional	Hwy.		YES NO K
3	NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month	Da	y Year
1	(Type or print)	HOMER		ELDER	ROSE		DEATH	Febru	ary.	25 1961
V	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			GE (In yeers IF		
1	M	W	WIDOWE	D DIVORCED	12/24/26			34 yrs.	onthis Days	Hours Min.
	Oe. USUAL OCCUPATI			IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(County	y & State, or fora	ign country)	12. CITIZEN	OF WHAT COUNTRY?
	Clerk	iking ma, avan n reme	' -	& O Railros	adCumberl	and			U	.S.A.
1	3. FATHER'S NAME				14. MOTHER'S MA		IAME			
	Rov W. R	OSA			Clara	E1d	er			
	5. WAS DECEASED EVE	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.				AddressT	aVale	Md.
1	Yes, no, or unkown) (If		lane or	00 10 7014 1	fra Darth	Di	zon Do			
=		EATH Frier only one		22-18-7914 (ine for (e), (b), end (c).	rs. Ruth	N.L.	zer no:	86,910	Macri	NTERVAL BETWEEN
		WAS CAUSED BY:	70	0,000,000,000	101		011	-		DISET-AND DEATH
		IMMEDIATE CAUSE (e)	In	yo Cord	alin	Su	Afice	ency		4-12001
	1473	DUE TO		/		-	//	1		
	Conditions, if eny	, which \ (b)	(- '			- 500	
	geve rise to immedia									
	(a), steting the unceuse last.	nderlying								
1		SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH BUT I	NOT DELATED TO THE	TERMINI	AL DISEASE COL	UDITION GIVEN	IN PART 1(n)	19 WAS ALITOPSY
MOLENCIATION	S PARTIL OTHER	JIGHITEANT CONDI	1010 201	TINDOTTION TO DEATH DOT	TOT KLEKTED TO THE	· LIMITATION OF THE PROPERTY O	AL DIOLAGE CO.			PERFORMED?
V B	20e. ACCIDENT WA	AS UNDERLYING A CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter netura of inj	ury in Pe	ert I or Pert II of	item 18.)		
		MEDICAL EXAMINER)								
13	20c. TIME OF INJU	RY Month, Dey, Ye			LACE OF INJURY (Hom		20f. (City or	town)	(County)	(Stata)
APPROVAL	Hour e.m.	19	While at wor	1401 47 11110	actory, streat, office bld	g., erc.)				
1			tal) atten	ded the deceased from	2-16	1	96.1 to	2-25	196/	that (I) (we) last
	saw the deceas	2	- Z -	11			8 60 .			date stated above.
		ed alive on	~ ``		ar dearn occured	al.((/11, 110111 11	ie causes alle	u on me	22b. DATE
	22e. SIGNATURE	110.2	111	lel	M.D. PHYS.			STAFF PHYS.		2/2-7/
1	22c. PHYSICIAN'S	1101	110	11 Arn	22d. ADDRES	5	1	0 (X 40	1
	NAME (Type)	Tt 1CIL	1101	74/(MID)	TRO	05	TBO	RO,	MI	71
2	3e. BURIAL, CREMATI		REOF	23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOCATIO	ON (City, town	or county)	(Stete)
1	Burial	2-28-6	1	Frostburg	Memorial	Pan	r Fros	thurg		Ma
2	4 FUNERAL DIRECTOR	'S SIGNATURE H	afer	Funeral Hor	memorial 25	e. REC	4445 4			
7	Fen Oal HW	outerunt 2		Main. Fros		ATE	MAR 1	61	arthur .	S. Thank
1	The same		ound de	TIVE TIVE	while the state of					

d in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITE. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Par it may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. 15M 9/60

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sary, please exe	d should by		verial, cremation	100000
If any delay is neces.	e funeral director.	far your fil	e registrar , to-b	
in 24 haurs after death. I	ve Pages 1, 2, and 3 to the	Page 5 may be retained t	File pages I and 2 with the	,
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	e, writing the word "pending" in pencil in Item 18. Gi	Chief Medical Examiner's Office alang with farm PM3.	**O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar.	
O DEPUTY MEDIN	cute the grica	farwarde. the	O FUNERAL DIRE	or removed

VS. A15ME(S) SM 9/55

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	,
1412 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	
	2. USUAL RESIDENCE (Where deceased lived. If Institution	1

		0	1	2	Q	1
Reg. D	ist.	No.	-11-	U	U	X

1.	o. COUNTY A77	;		AAAD	YLAND	2. USUAL RESIDENCE (V	- 1112	sed lived. If Institu b. COUNT		nce befa	ire odmi	ssion)
-	b. CITY OR TOWN III outsi	egany de corporate limits, write	RURAL	c. LENGTH OF STAY		Mary c. CITY OR TOWN (IF		rporote limits, write	RURAL and	gar give ne	arest to	wn)
	Cumberla	nd		l hr.		λ						
	d. NAME OF HOSPITAL	OR INSTITUTION (If not in hosp		rss)	d. STREET ADDRESS	Tr.S.					SIDENCE
	36 Greene	Street	;			D+ 43	Dose	7/7 (70	rh on t	1		A FARM?
3.	NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mont	h	Day	Y	eor
	(Type or print)	MALLITIN		JACOB	S	EIBERT	OF DEATH	2		25	1	9 61
5.	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		9. AGE in years	IF UNDER	YEAR	IF UND	ER 24 HRS.
	M	W	WIDOWED	DIVORCED		2-23-1911		fost birthday) 50 yrs.	Manths [Days	Hours	Min.
10	usual Occupation (Give kind of work	done 10b. KII	ND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CITI2	EN OF	WHAT	COUNTRY?
	Spinner	e, even ii renired)	tela	anese Con	eg.	Eckhart			U	.S.	A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	Jacob Seib	pert			100	Elizabet	h Gr	oter				
	. WAS DECEASED EVER IN			OCIAL SECURITY NO	. 17. IN	FORMANT			Fros	thu	rg.	Md.
1"	No	None		7-10-4534	4 Mr	s. William	Sei					
F	18. CAUSE OF DEATH								- 11 - 3 -	INTERV	AL BETWE	FN
	PART I. DEATH W	AS CAUSED BY:	,	COROMARY	OCCT	USION. LEFT				-	AND DEA	_
	400	DUE TO		TOROGRAFEL	OCOL	OD TOM & BIRLY				50		
	Conditions, If any,	1211		CODOMADY	COT	FROSIS WITH	THROM	BOSTS		11	-	
	gove rise to immediate	couse (CONONARI	DOT	TATOOTO MITH	THION	роодь				
	(a), stating the unde	rlying (c)										
Iz	PART II. OTHER S	IGNIFICANT CON	DITIONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19.	. WAS /	AUTOPSY
ATK.										YE	PERFO	RMED?
CERTIFICATION	20a. EXTERNAL CAUSE N PRIMARY or CONTRIL CAUSE OF DEATH.	WAS BUTING 20	b. DESCRIBE	HOW INJURY OCCU	RRED. (En	ter noture of injury In Port	l or Port II	of item 18.)				
	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	-		Oe. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (Cit	y or town)	(Covi	nty)		(Stote)
MEC	Hour o. m. p. m.	19	While of work	Not while	10010	y, 111001, 011100 blog., 0101						
	21. I certify that	I toak charge	of the re	mains describe	d abay	e, held an Autaps	y X, 1	nspection X,	Inquiry	157,	and f	ind that
	death resulted fro	m: Natural	causes	, Accident	, Suic	ide , Homicide	Π, υ	ndetermined o				
	1	, 5	1/1	1-1	,	Section 1995						
	ACTUAL SIGNATURE	nedici	t SIR	Marely	.)	M D CHIEF MEDICAL EX	AMINER _]			DATE S	IGNED
			6			ASSISTANT MEDICA	AL EXAMINI	ER 🔲				
	EXAMINER'S BEN	EDICT SK	TAREL	IC. M.D.		DEPUTY MEDICAL I	EXAMINER	X FEBRUA	ARY 25	, 19	261	
22	BURIAL, CREMATION,			2c. NAME OF CEME	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
L	Burial	2-28-6]	. 31	. Michae	els	Cemetery	Fros	thurg			N	ld.
23.	FUNERAL DIRECTOR'S SI	GNATURE Ha	fer F	uneral I	lome	24o. REC'I	BY REGIS		STRAR'S SIG	NATURE		
12	eulah H. htor	tessut 23	E. M	lain, Fro	stb	urg, Monte M	AR 1	'61 0	When S.	Kins	thi	
							-	-				

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				the egyptic field band officers (C)
LWI , S				LOTE TO GOE STREET
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove agree mapers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove agree may within 72 hours after death.

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

395

e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, it institutions residence before edmission)
Allegany MARYLAND	Maryland Allegany
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town) Cumbers I and 5 Mo	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
205 Mary Street	205 Mary Street
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) William T Char	mbaugh of Death 2- 28- 196I
SILLICAN I. DIRA	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	Sept. I, 1879 81 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Trackman Railroad	Morgan Co. W.Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Shambaugh	Virginia Whisner
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or detes of service)	Irs. Ovey Shambaugh 205 Mary St.
18. CAUSE OF DEATH [Enter only one cause per line or (e), (b), and (c).]	INTERVAL BETWEEN ONS TAND DIATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	de faction nous
5 A O DUE TO DE	1 1
(Car 100 11 11 11 11 11 11 11 11 11 11 11 11	us and own Mouto
Conditions, if eny, which gever ise to immediate ceuse	The state of the s
(e), steting the underlying DUE TO	land.
ceuse lest. (c)	cum
PART W. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
El Madan Dogo	1 A YES NO L
20e. ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of injury in Pert I or Pert II of item 18.)
PART FOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTI	E. (Line) nettre of may in total of total of them to.)
	PLACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (Stete)
Hour e.m. While Not While	ectory, street, office bldg., etc.)
p.m. 19 et work et work	210
21. certify that (I) (this no pital) attended the deceased from	n 2 / 4 (I) (we) last
saw the deceased alive on The TY 194 /, and the	nat death occured at
22e. MONATURE	22b, DATE
1006 m	ATTENDING MED. STAFF
Theren I were only	M.D. PHYS. DIRECTOR PHYS.
NAME (Type)	22d. ADDRESS
David T. Rees	702 Montgomery Ave. Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial 3-3-6/ Orleans Ce	orleans, W. Va.
	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Parks Funeral Home Berkleyspring	W.Va.

ymaghfla buslyral . Legany Bright Tade 00 . o 3 bnaPred 170 ELD Mary Street Joseph Will dos 10 - Addres United to Againment 11 18 2781 . 1 . 1872 81 Retired Trackers Hallroad Morgan Co. L.Va. Virginia 'hisaer Marradham Jestin Hrs. Over Shanbatch 800 Mary St. AND THE PERSON OF THE PERSON O Value of the State the second of th Als Cost conerv ave. Cumeriums, "C. David T. Rees -Entlet Ce . Orleans Ce . Orleans, w. Vs. Parks Tunerel Acre Derkleyerring, T.Va. Tuner at the Clark Parks

21	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	1414 CERTIFICATE OF DEATH

Reg. Dist. No. 01396

Allegany MARYLA	ND . STATE Maryland b. COUNTY Alleg	before odmission) Jany
CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMDER I and	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Cumberland,	e nearest town)
NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 405 Furnace St.	d. STREET ADDRESS 405 Furnace St.,	e. IS RESIDENCE ON A FARM? YES NO MA
ME OF First Middle CEASED HELEN ELIZABE'	Last 4. DATE Month	Day Year 12, 1961
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 logs by thirthday) Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
USUAL OCCUPATION (Give kind of work done life. KIND OF BUSINESS OR writing most of working life, even if retired) Own home		EN OF WHAT COUNTRY?
THER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward M. King	Rose Ann Doyle	•
AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO P	17. INFORMANT Address Cul Mr. Casper C. Shober 405 Furn	mberland, ace St.,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE PULMO DUE TO		INTERVAL BETWEEN ONSET AND DEATH HRS
gove rise to immediate out to the course (a), stating the <u>under-</u>	ROTIC HEART DISEASE	3 YRS.
DIABETES MELLITUS	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO X
Oo. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING TO CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Port 1 ar Port 11 of item 18.)	
cc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of work	De. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (Cotory, street, affice bldg., etc.)	unty) (Stole)
CTUAL CONTROL & James	eoth occurred ot 10:50 Am, from the couses and on the ADDRESS (Street, city or town, stote) 441 N.CENTER ST	st saw the deceosed dote stated obove DATE SIGNED 2.14.61
HYSICIAN'S AME (Type) WILLIAM P. IAMES, M.D.	CUMBERLAND, MD	
	er & Paul*s Cumberland, Ma	ryland
NERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATTIPE

VS A15 (4) 15M 10/57

UELO MIL MIN AND AND A	TE OF DEATH	ADRITRED	14141	
		Marine Co.	A 64 17 1	
		THE SERVICE OF THE SERVICE		
		Toda of Dany		
	5 \$7 (10 miles) 2 miles 2 miles			
			10	Table 1
	THE CONTRACT OF SAME			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01397

		1410		0		
	LACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	on: Residence before admission)
11		Allegany	MARYLAND	Maryla	and	Allegany
b	 CITY OR TOWN (I RURAL and give ne 	f outside corporate limits, wr earest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write R	URAL and give nearest town)
		rland	12/27/60	Cumbe:	rland	
d	OR INSTITUTION	AL (If not in hospital, give st	reet oddress)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM
	All	legany Count	ty Infirmary	Box 1043	Braddock Ro	ad YES NO
3. N	IAME OF	First	Middle	Last	4. DATE Mon	th Day Yeor
	ype or print)	Grace	Α.	Smith	DEATH Februa	
5. 51	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
1	Female	White win	OWED DIVORCED	1/30/1888	73 yrs.	Months Days Hours Mil
10a.	USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
	Housewi		Own home	Pittsburg	h, Pennsylvar	nia U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN		
	J	acob Albitz		Wilhelm	ina Heinrich	1
15. \		R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT P.O.BO		""Cumberland, 1
	No.	pr yes, give wor or doles or service)	9.7	llegany Cou		ry records.
Ī	18. CAUSE OF DEA	ATH [Enter only one couse p	er line for (o), (b), and (c).]	.0		* INTERVAL SETWEET
	PART I. DEA	TH WAS CAUSED BY:	Esonic my	ocardial	Lesellera	From ONSET AND DEAT
	427 1	DUE TO	0	-	-10	
	Conditions, if o	ny, which)	Coreleras	asker	isodero.	no, ?
	gove rise to i	mmediote (- 0	^	
	lying couse lost.	the under-	arpue	2000 00	sease	?
Z	PART II. OTH	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH DO	AT NOT RELATED TO THE TERM	UNAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOP
CATION		Sec	ile Wet	cristrat	ur	PERFORMED?
	20a. ACCIDENT WA	AS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in	Port I or Port II of item 18.)	
CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER)				
S	20c. TIME OF INJUR	Y Month, Doy, Year 2		PLACE OF INJURY (Home, form		(County) (St
WEDICAL	Hour o.m.		/hile Not while f	octory, street, office bldg., etc	c.)	
-				12/27/60 19	10 2/24/61	10 11 110 11
		2/22	tended the deceased fram	12/21/0U 19		L, 19, that (I) (we) Ind an the date stated aba
	saw the deceas	sed alive an 2/23	ZOT IS COMPINED	dealf occurred at	_M, fram the causes ar	nd an the date stated aba 22b.DATI
	1	uero 6	nology	M.D. ATTENDING	NED. STAFF	2/21. /67 SIGN
	22c PHYS/CIAN'S	core o	11- reau	22d. ADDRESS	IKECIOK LA PHIS. IA	5/54/01
	NAME (Type)	Dr. James	E. McLean		eene Street,	Cumberland, N
230.	BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
В	urial	2/26/61	Hillcrest	Burial Parl	k, Cumberla	nd, Md.
24.	FUNERAL DIRECTOR	(*	ADDRESS	25a. REC		STRAR'S SIGNATURE
	H. Wayne	e George	umberland, Md	• DATE		, and
_						

VR A15 (4) 1SM 9/S9

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	busine news and		
	Wash Tali Based	Vasar 141	CHILD TANKS CLAY
In a Stranger	3131m5	A. A.	80 MID
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1416 CERTIFICATE OF DEATH

01398

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Allega	
	44,3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and gi	est town)
Cumberland 12/31/60 Cumberland	
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION d. STREET ADDRESS	. IS RESIDENCE ON A FARM?
Allegany County Infirmary 701 Henderson Avenue	YES NO NO
3. NAME OF First Middle Last 4. DATE Month Day OF	Year
(Type or print) James Smith February 24.	1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days	F UNDER 24 HRS. Hours Min.
Male White WIDOWED DIVORCED 5/10/1871 89 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY?
Daliford Dance Dance on A	S. A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Robert Smith Mary Montgomery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P. 0. Box 599 Address Cumber:	land .Md
No, [If yes, give wor or dates of service] 232-26-0495 Allegany County Infirmary record	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	ET AND DEATH
PART I. DEATH WAS CAUSED BY: Chronic Trypcasders	THE DEATH
593 X DUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	>
Conditions, if any, which) 10 leveleral Westernoscheroses.	_
gave rise to immediate DUE TO PO C	3
lying couse lost. (c) Chronic Nephretes,	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELYTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELYTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Security Services Conditions Contributing to Death out NOT RELYTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	YES NO
20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while at work of w	(Stote)
Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 at work of work	
	A /I\ /\ l= .A
saw the deceased alive an 2/23/61 19 7 and that death occurred atM, from the causes and an the date	22b, DATE
Tauces 6 Theau M.D. ATTENDING MED. DIRECTOR D PHYS. X	/24/61
22c. PHYSICIAN'S 22d. ADDRESS	54/01
Dr. James E. McLean 49 Greene St., Cumberlar	id, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
BEFY THE Frecity 2/27/61 Rose Hill Cem. Cumberland, Maryl:	and
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
H. Wayne George Cumberland, Md. DATE FEB 28'61 Orthon & House	A

Q E Q O VR A15 (4) 15M 9/59

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of the all states	es atting	4	SEATA SE	
	8/10/X471	*		PLAN
	STREET WEXOMES			
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	To Proposite St.	.		
41	15.3			
19/18/8	BOWLER WIFE			
	.ds emesdê Vp			
	Tarento Turney			1.12.2-3
		mbartantzadak		a part of

2,0

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely din by the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-271-1-27 State Dept. of death. Part of the destruction of the destruction of the director, page be filed with the

VR A15 (4) 15M 9/60

1	4		1
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by the hospital or attending physician.	ier this certificate has been signed by the attending physician and completely din by the funeral	thed for use as the burial-transit permit. Then please remove carbon papers. Pages Land should	
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	d in b	ages 1	affer
	tely	ers. Pa	2 hours
	comple	ded ud	thin 72
	pue u	carbo	ent, wi
	hysicial	remove	any eve
	d build	Sease	nd in a
	aften	Then I	oval, a
ician.	by the	ermit.	dealth prior to burial, cremation, or removal, and in any event, within 72 hours affected the
g phys	signed	ansit p	ation,
Itendin	peen :	urial-tr	l, crem
or a	ate has	the b	buria
by the hospital or attending physician.	certifica	use as	prior to

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OF STATISTICA	L RESEARCH	AND RECORDS,	301 W. PRES'	TON STREET.	BALTIMORE 1.	MARYLAND
	-4 / .4		EDTICIO A TE		The second secon		11 1

	Division QF	1417	RESEARCE	CERTIFICATE	OF DEATH	STREET, E	SALTIMORE	I, MARYL	01399
1.	PLACE OF DEATH O. COUNTY ALLEGA	NY		MARYLAND	a. STATE MARYL		ceased livad, If i		
		LAND		II DAYS	LONAC		MARYLAN		neerest town)
	d. NAME MORT			el, give streat address)	d. STREET ADDRESS	. MAIN	ST.,		o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)		LOWELL	Middle M	SOWERS	4. DATE OF DEATH	FEBRU	JARY 2	7 19 61
1	MALE	WHITE	WIDOWED [DIVORCED [NOVEMBER 13	, 1900	AGE (In years last birthday)	Months Days	Hours Min.
C			State	e Teachers	CLEAR SP	RINGS,		U.S.	A •
		ES SOWERS		ollege)		TH HELL			
	WAS DECEASED EVE	yes give we ror detes of s	21	6-22-6127		PITAL,	CUMB	ERLAND,	MD.
	PART I. DEATH	EATH [Enter only one WAS CAUSED BY: MMEDIATE CAUSE (e)	7	for (a), (b), end (c).]	1 respect	ulon	1 fail		NSET AND DEATH
	Conditions, if eny,	(-)	an	nytroph	i Talera	sil	evoris	1	o morte
	geve rise to immedie (e), steting the un ceuse lest.	derlying DUE TO	The same with the same search and the same sea						
CATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	2De. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOT!FY		20b. DESCR	IBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II	of item 1B.)		
MEDICA	2Dc. TIME OF INJUR Hour a.m. p.m.	Y Month, Dey, Ye	While et work	_Not While fee	ACE OF INJURY (Home, fer story, streat, office bldg., etc		or town)	(County)	(State)
				d the deceased from19, and tha	0				
	220. SIGNATURE	had Vo	non	re .	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	W. A. VAN	ORMER		122 SOUT	H CENTR	E ST.,	CUMBERLA	ND,MD.

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) /1961 23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
ADDRESS 25 23d. LOCATION (City, town or county) (Stete)

Burial 3/1
24 FUNERAL DIRECTOR'S SIGNATURE

GEORGE EICHHORN

LONACONING, MD.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	YOUR ELLY	GNALYFAY		SE SE AN OFFI
		LOTACOBLAS, PARTIL	II DAYS	A CONTRACTOR OF THE CONTRACTOR
1		TO HIMM .3 /S		EDGIAL WORTH L
1	TS YEAR	807540 N 1975408	N.	445154
		WOVENER 13, 1900		37179 3.179
	.4.8.0	OLEAN SERINGS, 'B.	Teachard	
		SIJJIH HTISATIJI		ENTAGE COUNTY
			The state of the s	

oten Asin

W. A. VAN GETER 122 SOUTH CENTRE ST., CURRENTAL, ND. 2

LONG ST. 1263 C. Leite Denemont Dienripping, No. 2

LONG CRIMO, NO. 2004

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessory, please execute the Actificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward. On the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your first To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar wor to burial, cremation. or remayal.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01400

1.	o. COUNTY					\$1	ESIDENCE (W	here deceas				dence be	fore admi	ssion)
1		EGANY			ARYLAND	o. STATE	MARYL	AND	ь.	COUNT	AI	LEGA	MY	
	b. CITY OR TOWN IIF of and give neorest town) CUMBERLAND	outside corporate limits, wri	e RURAL	c. LENGTH OF ST			R TOWN (IF		porale lim	its, write	RURAL a	nd give r	nearest ta	wn)
	d. NAME OF HOSPITA	L OR INSTITUTION	If not in hospi	tal, give street ad	ldress)	d. STREET	ADDRESS		Sal-					ESIDENCE A FARM?
L	528 WOO	DSIDE AVE.				528	WOODS	SIDE A	VE.					NO [
3.	NAME OF DECEASED (Type or print)	BARTON	JO.	Middle HN ST	OOPS	Lo		4. DATE OF DEATH		Month FEB.		Doy 15	Y	ear 9 61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED 8	DATE OF BIRT	'H		9. AGE (I	n yeors	IF UNDE	RIYEAR		ER 24 HRS.
	MALE	WHITE	WIDOWED	DIVORC	ED 🔲	FEB.10,	1912		49	yrs.	Months	Days	Hours	Min.
10	during most of working	N (Give kind of work	done 10b. KII	ND OF BUSINESS	OR INDUST	RY 11. BIRTHP	LACE (Stole o	or foreign c	ountry)		12. CI	TIZEN O	F WHAT	COUNTRY?
1	LACKSMITH	me, even ii veineu,	RAI	LROAD		CREE	NWICH.	OHTO			T	ISA		
13	. FATHER'S NAME					14. MOTHER'S						, CA		
	JOHI	N STOOPS				ANN	A STRA	USBATT	CH					
15 Ye	. WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY I	NO. 17. II	FORMANT			-	Address			*****	100
L	NO			5 01 971	3 N	AOMT ST	OOPS	CIT	MBERT	AND.	MD.			
	18. CAUSE OF DEATH	1 [Enter only one ca	use per line fo	r (a), (b), and (c).	1	TYOCARD						INTE	RVAL BETWE	EN
	PART I. DEATH	H WAS CAUSED BY:	C(DRONARY	INSUFĪ	FICIENC	Y, LEF	T, MAI	RKED		36)	3	4	Hrs.
	Conditions, if any	DUE TO		CORONAR	v dari	TD OCTO								
	gave rise to Immedia (a), stating the un cause lost.	ofe couse		CORONAR	T POTI	CTCONS								
ATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DI									9. WAS / PERFO	AUTOPSY RMED?
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY Or CONT CAUSE OF DEATH.	FRIBUTING 20	b. DESCRIBE I	HOW INJURY OC	CURRED. (E	nter nature of i	njury in Port	or Port II	of item 18	.) .e.r.ii	I I I I I I I I I I I I I I I I I I I		B AA	
MEDICAL	20c. TIME OF INJURY Hour o.m.	Month, Day, Yes	While	Not while of work	facto	E OF INJURY (bry, street, office	(Home, farm, e bldg., elc.)	20f. (City	or tawn)		(C	ounty)		(State)
	21. I certify the	at I took charge				ve. held an	Autopsy	XXI. In	spectio	n X	Inqui	iry [X]	and I	ind that
	death resulted f							The same of the sa					, and i	ma mai
	ACTUAL SIGNATURE	Benedi	ictx	Sketa	Trell	1.	MEDICAL EXA						DATE S	IGNED
	EXAMINER'S DI					ASSISTA	ANT MEDICAL	L EXAMINER	R 🔲					
L	NAME (Type) BI	ENEDICT SK	ITAREL	IC, M.D.		DEPUTY	MEDICAL EX	XAMINER Z	X FE	BRUA	RY	17.	1961	
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC)F 2	C. NAME OF CEA	AETERY OR	CREMATORY		22d. LOCAT	TION (City	, tawn, o	r county)		(State)
L	Burial	Feb. 19,19	61 .]	Hyndman	Cemete	ery			dman.	Pa.				
23.	FUNERAL DIRECTOR'S		~	ADDRESS	3.63		24a. REC'D	BY REGISTI	RAR 24	b. REGIS	TRAR'S S	GNATUI	RE	
L	Byron Kie	gnt	Cum	berland,	Md.		DATE FE	B 2 0 '6	1	an	Thung &	* Kras	M	
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CONTINUES AND SERVICE AND SERVICES		TO A TATE OF STREET AT		
	AND VALUE OF			
CONTRACTOR OF THE PARTY OF THE				
		2 40 40 4		
Section 1971 Annual Residence (ASS)				
THE RESERVE OF THE PARTY OF THE				

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1419	CERTIFICATI	OF DEATH		01401
1. PLACE OF DEATH				institution: Rasidence before admission)
a. COUNTY ALLEGANY	MARYLAND	a. STATE MA	RYLAND b. coul	ALLEGANY
b. CITY OR TOWN (if outside corporate limits,		c. CITY OR TOWN (f outside corporate limits, writ	e RURAL end give nearest town)
writa RURAL and giva naarast town)	3 DAYS	X KNOB	ROAD BOX 17 (F	ROUTE # 3)
d. NAME OF HOSPITAL OR INSTITUTION (F)	7	d. STREET ADDRESS		e. IS RESIDENCE
MEMORIAL HOSPITAL WA	trwickie wemortal	7		ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Year
(Type or print) EDGAR	1.	TABLER	DEATH FEBRU	JARY 6 19 61
5. SEX 6. COLOR OR RACE 7	. MARKIED A INEVER MARKIED	. DATE OF BIRTH	9. AGE (In years	
	WIDOWED DIVORCED	9-28-1911	49 yrs.	Months Days Hours Min.
1Da. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country	
Machinist Helper	Railroad	ALBIN, P	INNA •	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
ROBERT TABLER		MARG	ARET HOUSEHOLD	
 WAS DECEASED EVER IN U.S. ARMED FORCE (Yas, no, or unknown) (Ifyas give war or dates of ser 	vical	NFORMANT	Addres	
no	M	EMORIAL HOSP	ITAL CUMBERLAN	ID, MD.
18. CAUSE OF DEATH [Enter only one of	ause per line for (a), (b), and (c).]		0	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcenoma Se	great Co	low with	april 12 to a
153.3 DUE TO		0.		address Seas
Conditions, if any, which (b)	multiple meta	ataria to	abdowen	liver
gave rise to immediate causa	Treedings to	MOVEL M		
(a), stating the underlying	and lemme	al Cael	ierca	
(c)	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
2				PERFORMED?
S ACCIDENT WAS INDEDIVING D	2Db. DESCRIBE HOW INJURY OCCURED	(Enter antique of injury in	Part Lor Part II of item 18 \	LES [] 140 M
OR CONTRIBUTING CAUSE OF DEATH	208. DESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in	rarrior ran II of IIem 10.j	
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, farm		(County) (State)
Hour a.m. p.m. 19	While Not While fact	ory, street, office brog., arc	'	
21. I certify that (I) (this hospita	attended the deceased from	Det 12	1960 to Feb 6	19.61, that (I) (we) las
saw the deceased alive on. Full	- 6 19.6.1, and that			and on the date stated above
22a. SIGNATURE	0	ATTENDING .	MED. STAFF	22b. DATE SIGNED
WW taev	TY.	.D. PHYS.	DIRECTOR PHYS.	Feb 6, 196
22c. PHYSICIAN'S NAME (Type) DR. WY	LIE FAW	22d. ADDRESS	S. CENTRE ST.	CUMBERLAND, MD.
23a, BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (Stata)
Burial (Specify) 2-9-196	1 Sunset Memo	orial Park	Cumberlan	id, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. RE		EGISTRAR'S SIGNATURE
James F. Scarpelli	, Cumberland, M	d. DATE	ED 14'61	Ciriling S. House

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY ALLEGANY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and giva neerest town) write RURAL and give neerast town) CUMBERLAND CUMBERLAND 21 DAYS hours after d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL & WARWICK AVES 408 PINE AVENUE 3. NAME OF DATE Middle Month DECEASED OF FRED **TROUTMAN** C. FEBRUARY (Type or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 66 birthdey) and Months WHITE MALE WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most working life even if retired) FLINTSTONE. MARYLAND FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pleas CHARLES L. TROUTMAN ROSE M. MC COY aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then - CUMBERLAND. MEMORIAL HOSPITAL AB. CAUSE OF DEATH [Enter only one couse per line for (e). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. CERTIFICATION as use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR: 19 Cel, to 2-16 1957, that (1) (we) last P.M. from the causes and on the date stated above. 22e. SIGNATURE ATTENDING STAFF MED PHYS. DIRECTOR PHYS. M.D. TO FUNERAL director, page be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NORTH CENTRE ST., CUMBERLAND, MD. WILLIAM P. IAMES HOSPI LOCATION (City, town or 23e. BURIAL, CREMATION, 23c. NAME OF GEMETERY OR CREMATORY

ALLEGANY

16

Days

(County)

25b. REGISTRAR'S SIGNATURE

Orthun S. Kraus

25a. REC'D BY REGISTRAR

DATE

e. IS RESIDENCE

YES NO

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO .

(State)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

ON A FARM?

VR A15 (4) 15M 9/60

.4020.00

CHARLES L. TROLING

YARRAY SALENTINE MARINDAY

. T. B. . O. GARLIYSON . NOTETHILE . O. B. F.

- YOU SHE, M. 38OFF

. M. P. ANDENS - UNIFICAL RECOVER - S. V. V. A. A. V.

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OR. MILLIAM P. TAPES HE WORTH CENTRESST., CONSERVATO, - O.

B. C. Hardell M. Harmon Com Care Contract Berger

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MEMORIAL HOSPITAL & WARRICK A.F.S. 103 RIME ANSWED

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With 8 Dight

DR. LEWIS MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARMI CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, CarCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) DAYS CUMBERLAND LA VALE .⊑* a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? hours MEMORIAL HOSPITAL VALE YES NO BOULE VARD pletely papers. 3. NAME OF Last DATE Day Middla Yaar DECEASED OF HARRY TURLEY, JR. (Typa or print DEATH FEBRUARY 61 19 pou 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) pue Months 1 MALE WHITE WIDOWED [DIVORCED T yrs. certificate 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) U.S.A. TRUCK DRIVER CRYSTAL LAUNDRY ENGLAND phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please HARRY TURLEY, SR. SARA JANE SNELSON aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Addrass (Yes, no, or unkown) | (Ifyesgivawar or datas of sarvice) emoval MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 0 18. CAUSE OF DEATH (Enter only one ceusa per lina for (a), INTERVAL BETWEEN ONSET AND DEATH physicia PART I. DEATH WAS CAUSED BY: kys. signed IMMEDIATE CAUSE (a) burial-transit ding Conditions, if eny, which gava risa to immediate causa DUE TO (a), stating the undarlying has the THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS certificate CERTIFICATION PERFORMED? SB 0 navere o NO prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, streat, offica bldg., atc.) Whila Not While at work at work DIRECTOR 21. 1 certify that (I) (this hospital) attended the deceased from 25 .196./..., and that death occured at 1.2:00 from the causes and on the date stated above. saw the deceased alive on ... 228. SIGNATURE SIGNED Komas PHYS. DIRECTOR PHYS. M.D. page death. Page O FUNERAI ADDRESS 22d: 22c. PHYSICIAN'S NAME (Typa) DR. THOMAS LEWIS director, F be filed w 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Cumber Sunset Memorial Burial H 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wayne George Cumberland, Md. 15M 9/60 Onthur & Ferales

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MEMORIAL HOSPITAL

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AUG. 82, 1930

TRUCK DRIVER ERYSTAL LABRACY ENGLISH

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MARYLAND CONTRACTOR AND CONTRACTOR A

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DR. THOMIS LOWIS

Seriel Company Company Company Company Poly (Company) M. dayne deorge remanerland, and.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY LEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town 12 DAYS CUMBERLAND CUMBERLAND e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 405 SOUTH CEDAR STREET MEMORIAL HOSPITAL YES NO X 3. NAME OF 4. DATE Middle DECEASED OF BARY BOY (Type or print) DEATH WAGNER FEBRUARY 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 9. AGE (In years) IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Hours MALE FEBRUARY WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) CUMBERLAND, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALAN ARNOLD WAGNER JUDITH ROBEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) i (If yes give war or detes of service MEMORIAL HOSPITAL - CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneu monca IMMEDIATE CAUSE (e) DUE TO Prematurit Conditions, if eny, which geve rise to Immediate ceuse DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. **№ М......**, 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. APDRESS 22c. PHYSICIAN'S in Dorland. Ma NAME (Type) ROBERT D. BRODELL 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify Maryland Oldtown. 2-18-61 Oldtown Methodist Cemetery la.

ADDRESS

Cumberland, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur & Krous

DATE FEB 2 1 '61

death. Parto FUNERAL pag filed , P G H

MEDICAL

24 FUNERAL DIRECTOR'S SIGNATURE

Sr.

VR A15 (4) 15M 9/60

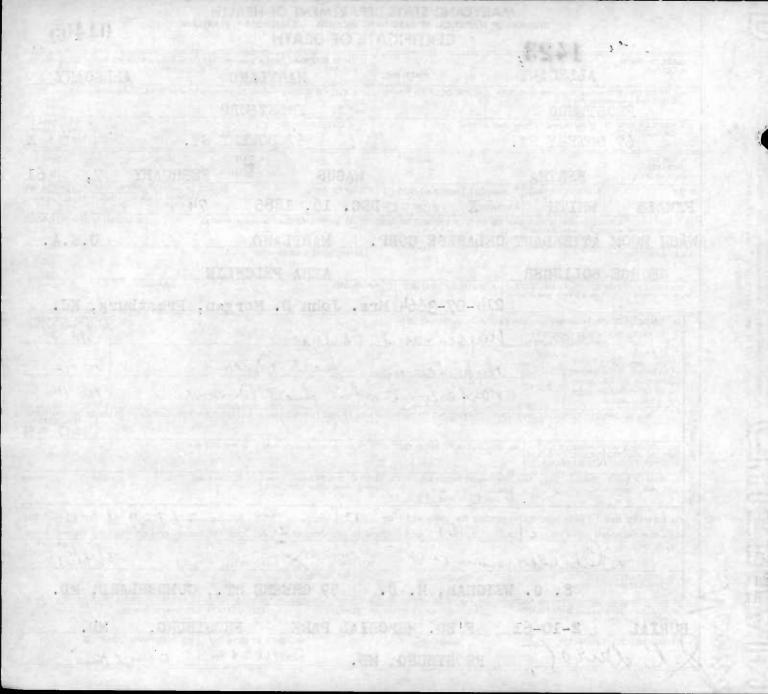
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15 (17 6) 18 (17 6)	MACHER FEBRUARY 5, 1501	X. YOU	YEAR STIMM SINI
.4.0.0	COMBERLAND, MARYEARD JUBITH ROPER		93.1841, LTO EV. (VT)
BLAND, MANAGE	HMDD - JATINSON JAINDOON		
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01405

1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY .	
			MARYLAND		LLEGANY
RURAL and give n	If outside corporate limits, write earest town) OSTBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate FROSTBURE)		give negrest town)
d. NAME OF HOSPI OR INSTITUTION	TA. (If not in hospitol, give street BOWERY ST.	oddress)	d. STREET ADDRESS 67 BOWER	v sm	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	BERTHA	Middle	WAGUS 4. DATE OF DEATH	FEBRUARY	7, 1961
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE WIDOW	ED K DIVORCED [DEC. 16, 1886	74 yrs. Months	Days Hours & Min.
		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of	ountry) 12. C	ITIZEN OF WHAT COUNTRY
	ATTENDANT CE	LANESE CORP.	MARYLAND	1000013	U.S.A.
3. FATHER'S NAME	ATTEMPART OF	DANIDID COIL	14. MOTHER'S MAIDEN NAME		
GEORGE	BOLINGER		ANNA FELCHI	TNI	
		SOCIAL SECURITY NO. 17. IN		Address	
(Yes, no, or unknown)	(If yes, give war or dates of service)	1 4 43	s. John D. Mora	an, Frostb	urg. Md.
18. CAUSE OF DE	ATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN ONSET, AND DEATH
PART I. DEA	ATH WAS CAUSED BY: 1MMEDIATE CAUSE (6)	mocarlied	Failure		145 tauth
Conditions, if	DUE TO	Le ho do	Heart Orses	2-0	10 44
gove rise to i couse (o), stoting lying couse lost.	immediate (extenoscler	Heart Draw of in Heart Dr.	and	1094
PART II. OT		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS		ART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Po	rt II of item 1B.)	
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 20d. I While	Not while for	ACE OF INJURY (Home, form, 20f. (Cit ctory, street, office bldg., etc.)	y or town)	(County) (State
	at (I) (this haspital) attend			2/7, 19	
saw the decea	ised alive an Z	194 <u>7</u> , and that c	death accurred atM, fram	the causes and an t	he date stated above
220. SIGNATURE	Herresm	an un	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	2/9/6/ SIGNE
22c. PHYSICIAN'S NAME (Type)	S. G. WE	ISMAN, M. D.	59 GREENE ST	., CUMBERL	AND, MD.
230. BURIAL, CREMATIC		23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCA	TION (City, town, or county	r) (Stote)
BURTAT.	2-10-61	F'BG. MEMOR	RIAL PARK FF	ROSTBURG.	MD.
24. PUNERAL DIRECTOR		ADDRESS	250. REC'D BY REGIS		
X. K	Turst	FROSTBURG.	VD. DATE FEB 1 4	'61 arthur	& Kanua
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VR A15 (4) 15M 9/60

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF TRADITION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()1406

1424

11 2 IISTIBL RESIDENCE (Where deceased lived If institution, Residence before admission)

e. COUNTY			e, STATE	b. COU	NTY
Alle	egany	MARYLAN			Allegany
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN			le RURAL end give neerest town)
	d give nearest town)	Lifetime	Eckhart		
Eckhart	TAL OR INSTITUTION OF		STREET ADDRES		e. IS RESIDENCE
d. NAME OF HOSPI	HAL OK INSTITUTION (IF NO	ot in hospital, give street eddress)	a SIKEET ADDRES	5	ON A FARM?
					YES NOX
3. NAME OF	First	Middle	Last	4. DATE Mont	h Dey Yeer
(Type or print)	MITST T TIS	n	TAT A TO CO ATES	OF DEATH O_7	0 (17 10
	NELLIE	В.	WATSON	~-I	0-61 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
F	W	IDOWED DIVORCED	4-7-1903	57 уп.	Months Deys Hours Min.
1De. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Co	unty & Stete, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	orking life, even if retired)	0	177 - July	37.2	TT C A
Housewii	. е	Own Home	Eckhart		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
John Bar	natvne		Mollie D	udlev	
15. WAS DECEASED EV	FR IN U.S. ARMED FORCES		7. INFORMANT	Addres	is .
	If yes give we ror detes of servi				
No	None	None	John R. Wat	son, Eckhart	, Md. (Husband)
18. CAUSE OF	DEATH [Enter only one ceu	use per line for (e), (b), end (c).]	A	4	ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	srong and	Acclien	ann:	1/2 hour
LIV		1	0 - 0.00	*	
1-7-6	DUE TO	0/		1	5-1100
Conditions, if en		Monico	myoco	erdeles	3-6 glar
geve rise to immed	DIJE TO		1		0
(e), steting the couse last.					ASSESSED FOR STREET
	P SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TERA	AINAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
ē PARTIL OTTE	k significant conditio	13 CONTRIBOTING TO DEATH BO	THOT KEENTED TO THE TERM	MITAL DISEASE CONDITION SI	PERFORMED?
8					YES NO
E 2Da. ACCIDENT W		DE DESCRIBE HOW INJURY OCC	URED. (Enter nature of injury i	n Pert I or Part II of item 18.)	
U (IF EITHER, NOTIF)	G CAUSE OF DEATH				
2Dc. TIME OF INJ	JRY Month, Dey, Yeer		PLACE OF INJURY (Home, fe factory, street, office bldg., e		(County) (Stete)
Hour e.m.	19	While Not While	laciory, shoot, office brugt, e	1	
Print.			10-15	1060 . 7 - 11	, 19.6.L., that (I) (we) last
		1		4. /:	
	sed alive on		that death occured at.	./	and on the date stated above.
22e. SIGNATURE	7/0 1	1 10	ATTENDING_	MED STAFF	22b, DATE SIGNED
	N.T' 2	rehl	M.D. PHYS.	DIRECTOR PHYS.	2/13/1
22c. PHYSICIAN'S	1/100	. / / × -	22d. ADDRESS		
NAME (Type	H.C.D	iehL, Mi	D, FR	OSTBUR	G, Midi
	ION, 236. DATE THEREO	F 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, to	
REMOVAL (Specify	2-13-61	Eckhart Ce	emetery	Eckhart	Md.
Burial	D'S SIGNIATURE		1	REC'D BY REGISTRAR 256. RE	GISTPAP'S SIGNATURE
24 FUNERAL DIRECTO	,Hai	er Funêral Ho	me 23e. K	CER 1 4 61	willing & Thomas
Beulah H. n	loule paut 23	E. Main Frost	me burg, Md. DATE	THE LT OF	
		A STATE OF THE STA			

What consider the second 1 2 4 . House the sense to be a sense of the sense o greened greened grandon forther Introd MANAGED TO THE PROPERTY OF STREET AND ASSESSED.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01407

	1/95		CERTIFI	CAIL	OI DLA	111			
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA			E (Where decease aryland	ed lived. If institution b. COUNTY	on: Residence bef Allegany	ore admissian)
b. CITY OR TOWN (I RURAL and give no Cumberla		write	c. LENGTH OF STAY IN		c. CITY OR TOWN		orote limits, write R	URAL and give no	earest town)
OR INSTITUTION	TAL (If not in haspital, give Mullin St.	e street o	ddress)		d. STREET ADDRE	ss ullin St)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RALPH		Middle LESLIE	WI	Lost LSON	4. DATE OF DEATE	Feb. Mon	9	Year 61
s. sex Male	6. COLOR OR RACE 7 White	· MARRI		_ 0	4/90		9. AGE (In years birthday) yrs.	Months Days	R IF UNDER 24 H
Oa. USUAL OCCUPATION	ON (Give kind of work dar king life, even if retired)		and of Business or Cery Labore			State or foreign		12. CITIZEN C	USA
3. FATHER'S NAME				14	. MOTHER'S MAIL	DEN NAME			
Thomas	Wilson			7	Eliza	abeth Ro	binette		
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi		OCIAL SECURITY NO. 13-24-6974	Leon	mant a Wilson	35 Mu	llin, St.		land, Md.
Conditions, if a gave rise to i couse (a), stating lying couse last.	immediate (DUE TO	TIONS C	ONTRIBUTING TO DEAT	A-C	Cern	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOP: PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY OCC	CURRED. (E	nter nature of inju	ry in Port I or Po	art II of item 1B.)		YES NO
20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Day, Year 19	20d. IN While of work	_ Not while _	Oe. PLACE foctory	OF INJURY (Home, street, office bldg	, form, 20f. (Ci g., etc.)	ty or town)	(Caunt)	r) (Sta
21. I certify the	at (I) (this haspital) used alive an	giterd			h accurred at	30 PM, fran	1 the causes ar		that (I) (we) lo
220. SIGNATURE	next (Coe	sleed	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF	010	Tel Sich
22c. PHYSICIAN'S NAME (Type)	PHUDT-	1	ees M.	1	TOT MO	NIGOGE	ryfil	amb	celon
23a. BURIAL, CREMATIC REMOVAL (Specify PURIAL			23c. NAME OF CEMET Hillcrest				ation (City, town, erland, M	d.	(State)
24. FUNERAL DIRECTOR			ADDRESS		25a	REC'D BY REGI	STRAR 256, REGI	STRAR'S SIGNAT	
H. Lee	Silcox Cumb	erla	nd Md		041	FEB 1 4	01 0	relius & the	AUA

Ewl 19 27.1742

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

01408

		1426	CERTIFICA	IE OF DEATH				0 2	00
1.	PLACE OF DEATH a. COUNTY Allega	nv	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased liv	ved. If institutio b. COUNTY			sion)
	b. CITY OR TOWN (If outside RURAL and give nearest tav	corporate limits, write vn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RL	ILLEGAT		n)
	d. NAME OF HOSPITAL (IF no OR INSTITUTION	t in hospital, give stree	t address)	d. STREET ADDRESS	CD				SIDENCE FARM?
-	NAME OF	HOSPITAL First	Middle	St. Mal	4. DATE	Mont	L.		Yeor
3.	DECEASED (Type or print)	riisi	Middle		OF DEATH	Mont		Day	19
c	- U	OSEPH OP OR PACE 7 WAL	POLED TO ALEVED WARRIED TO	8. DATE OF BIRTH		AGE (In years	1 UNDER 1	YEAR IF UND	
٥.		73	RRIED NEVER MARRIED	1. /7 /3.00/	"	last birthday)		ays Haurs	Min.
10		hite WIDOV		4/7/1906		54rs.	12 CITIZE	N OF WHAT	COLINITRY
10	during most of warking life,	even if retired)	S. KIND OF BUSINESS OR INDU			пу			COUNTRI
9.5	-0000 0 0 0 1 1 1	Pulp &	Paper Co.	Midlan	303		U	S.A.	
13	. FATHER'S NAME			14. MOTHER'S MAIDEN					
		ce Woods			rimes				
15	(es, no, or unknown) (If yes, give	S. ARMED FORCES? 16 e war or dates of service)	S. SOCIAL SECURITY NO. 17. I	NFORMANT		Addr	ess		
	No	2	217-09-4599 N	liss Mary Wo	oods, 1	Lonacor	ning,	MD.	
	18. CAUSE OF DEATH [En		line for (a), (b), and (c).]	(SIS	TER)	0 1		INTERVAL 8	DEATH
	PART I, DEATH WAS	CAUSED BY:	rebial hem	on race -	buse o	of pra	in	12	non
	14451	DUE TO			A 1	U	-		
	Conditions, if any, whi	ch) (b) de	inesternscine	ridia volen	las dis	and au	a to IV	100	1000
	gave rise to immedia	te DUE TO	1						1
	lying cause last.	(c)							
CATION	PART II. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
CERTIFIC		RLYING 20b. DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in	Part 1 or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Mon Haur a. m. p. m.	Whil	6.0	LACE OF INJURY (Home, fari actory, street, office bldg., et		town)	(Co	unty)	(Stote
	21. I certify that (I) (t	411	nded the deceased fram.	death accurred at 84		e causes and		, that (I) date states	
	220. SIGNATURE	R. Mil	and m	ATTENDING > A	AED.	STAFF PHYS.		2.5	SIGNEL
	22c. PHYSICIAN'S NAME (Type) L. R	. MILES	1R. M.D	22d. ADDRESS	CONIN	GM	()		
23	Ba. BURIAL, CREMATION, 236	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town, c	or county)	(Sta	ite)
	Burial 2	/6/1961	Sunset Men	norial Park	Cumbe	erland	MD.		
24	FUNERAL DIRECTOR'S SIGNA	1 -1 -1	ADDRESS		D BY REGISTRA		TRAR'S SIGN	ATURE	
	GEORGE ETCH	HORN	LONACONING.	MD. DATE F	EB 6 '61	a.	Thur 2	Kraus	

R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs may be rek. It by the hospital or attending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and the State Board af Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs offer death.

VR A1S (4) 1SM 9/59

, t the second complete the se The basically the contract of the two records THE COUNTY THE STREET COUNTY, MOSACOLLES, MAN Residue to the first that the second Constituted has fairbush coant tour a's line

1	De	3-3-61 ams MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 °	16	1427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
and		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
4 sl	SA	Allegany Maryland B. County Allegany
oge	(D/(1)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7. P	AA	Cumberland DOA Frostburg (National)
irecto	099	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital B.D.#1 BOX 194 VES NO [
or fi	1	3. NAME OF First Middle Last 4. DATE Month Day Year OF
ya	1	(Type or print) JOSEPH THOMAS . ZILER DEATH FEBRUARY 19, 19619
he f		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IFUNDER 1YEAR IF UNDER 24 HE
in the		MI WINDOWED DIVORCED 22 yrs.
reto 2		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTI during most of working life, even if retired)
be and		Bricklayer Construction Midlothian U.S.A.
may 1		13. FATHER'S NAME
oges poges		Peter L. Ziler Pricilla Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Proceedings of Pricilla Wilson
Pog File		(Yes, no, or unknown) Iff yes, give wor or dates of service)
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		No None 214-36-6372 Mrs. Peter L. Ziler, R.D.#1, Box 194, [18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
18. ermi		PART I. DEATH WAS CAUSED BY:
form sit p	/	IMMEDIATE CAUSE (a) AS DITYX I & CTOTI
in II		Conditions, if ony, which) (b) Carbon Monoxide Poisoning 1 hr.
neil ng v		gove rise to immediate cause
ala		(c), stating the underlying (c)
fice as		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
ding sed		YES IN NO
pen ner be u		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Asleep in car with engine running
. Pul		
ol E	W	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o, m. While Not whi
g the		2; VO s.m. Feb. 191961 of work of work to Texaco Garage Cumberland Alleg. Md.
rritin ef M R: Po		21. I certify that I took charge of the remains described above, held an Autopsy (), Inspection (X), Inquiry (), and find the
ote, w		deoth resulted from: Notural causes, Accident, Suicide, Hamicide, Undetermined cause
the TREC	-	ACTUAL BOME SIGNED
	. 2	SIGNATURE JENEGLEC SKALLE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
rde de	0	EXAMINER'S NAME (Type) BENEDICT SKITARELIC M.D. DEPUTY MEDICAL EXAMINER IN FEBRUARY 19, 1961
cute the q farwarded FUNERAL	0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 5 6	150	Burial Feb. 22 1961 Sunset Memorial Park Cumberland Md.
	1/2)	23. FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5. A15ME(5	1 1	Bulleh H. Mritis E. Main Frostburg Md. DATE FFR 24'61

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	man Har St				
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MARYLAND STATE DEPARTMENT OF HEALTH

	1428		CERTIFICA	TE OF DEA	ATH			01410
1. PLACE OF DEATH o. COUNTY ALLEGA	VY		MARYLAND	2. USUAL RES	MARYLAND	b. COU	institution: Resider	
b. CITY OR TOWN (if outs write RURAL and give		s,	c. LENGTH OF STAY IN 18	c. CITY OR T	OWN (If outside c	orporete limits, wri	te RURAL end give	neerest town)
CUMBERLAND	neerest town)		II DAYS	100	CUMBERLA	ND		
d. NAME OF HOSPITAL O			pitel, give street eddress)	d. STREET AD		IVE . POTO	MAC PARK	e. IS RESIDEN ON A FAR
NAME OF DECEASED (Type or print)	First	A	Middle ZO	LLNER	4. DAT	E Mon		Yeer 1961
FEMALE 6.	COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH	891	9. AGE (In yeer lest birthdey) 70 yrs.		IF UNDER 24 HR Hours Min.
10e. USUAL OCCUPATION done during most of working HOUSEW I FE	life, even if retire		Hampshire	~	VIRGINIA	or foreign country	12. CITIZEN C	A .
3. FATHER'S NAME			•	14. MOTHER'S M	AIDEN NAME			
ADAM KAYLO	DR .			ANNA	LARGENT			
Conditions, if any, will gove rise to immediate cause lest.	AS CAUSED BY: EDIATE CAUSE (e) DUE TO hich euse ying DUE TO (c)	cause post	porter	MEMORIAL H	Vase	a Dou ular	Sis,	Atwitt 2-4-6
			CRIBE HOW INJURY OCCUR				VEN IN PART 1(e)	19. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTING CO	AUSE OF DEATH	200. 013	CRIBE HOW INJURY OCCUR	ED. (Emer neidle of in	gury in rein roi re	in in or hell ros,		
20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Yee	While	Not While f	LACE OF INJURY (Ho. actory, street, office bl		City or town)	(County)	(State)
21. I certify that saw the deceased		al) atten	ded the deceased from	at death occured	19.47 1 at 11:M, fr	P.M.	and on the d	late stated abo
220. SIGNATURE	18.9	2/	Minne	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DAT 2/16/9

22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, REMOVAL (Specify) 2-19-61

23c. NAME OF CEMETERY OR CREMATORY

DR. W. F. WILLIAMS

23d. LOCATION (City, town or county)

Cumberland, Md,

(Stete

Burial 2-I9-6I
24 FUNERAL DIRECTOR'S SIGNATURE
James F. Scarpelli

Cumberland, Md.

Davis Memorial Cem.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE FEB 2 1 '61

22d. ADDRESS

arthur S. Frans

West of the party TO HOSPIT death. Pa

MEN'S STATE OF STATE

STIRLE DAMES

ROUSEWARE DO RECEIVE TO THE PROPERTY OF THE PR

TO ALBOMA ON A PROPERTY OF A CONTROL OF THE PROPERTY OF THE PR

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TATION OF PENSING ACTION, BY LOCAL ACTION AS INC.

TELEPHORE STATES

R. H. E. H. G.

Pural College Serie Senoral Con Called De S. C.

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